THE NATIONAL ASSOCIATION FOR MENTAL HEALTH

The Need for
UNDERSTANDING THE INDIVIDUAL
and
First Experiences of Recent Social Legislation and Implications for Mental Health

Proceedings of a Conference on Mental Health held at Seymour Hall, London, W.1, 17th-18th March, 1949

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National Association for Mental Health

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CONFERENCE ON MENTAL HEALTH

17th and 18th March, 1949

held at Seymour Hall, London, W.1

Programme

THURSDAY, MARCH 17th

OFFICIAL OPENING OF THE CONFERENCE by H.R.H. THE DUCHESS OF KENT

Speakers:

The Rt. Hon. R. A. Butler, P.C., M.P.
The Earl of Feversham, D.S.O., D.L., J.P.

MORNING SESSION, 10.0 to 12.30

Chairman: **Prof. A. N. Shimmin, M.A.** (*Professor of Social Science, University of Leeds*)

Introductory Address by **Sir Wilson Jameson, G.B.E., K.C.B., M.D., F.R.C.P.** (*Chief Medical Officer, Ministries of Health and Education*)

Subject of Discussion:

FIRST EXPERIENCES OF RECENT SOCIAL LEGISLATION AND IMPLICATIONS FOR MENTAL HEALTH

(a) National Health Service Act, National Assistance Act, National Insurance Act, etc.

Speakers:

Prof. D. R. MacCalman, M.D., M.R.C.P.E. (*Nuffield Professor of Psychiatry, University of Leeds*)

Miss Marjorie A. Brown, M.A. (*Senior Psychiatric Social Worker, Department of Psychological Medicine, University of Durham*)

AFTERNOON SESSION, 2.30 to 5.0

Chairman: **Prof. A. N. Shimmin, M.A.**

Subject of Discussion:

FIRST EXPERIENCES OF RECENT SOCIAL LEGISLATION AND IMPLICATIONS FOR MENTAL HEALTH

(b) The Children Act.

Speaker: **Miss P. Armstrong** (*Children's Officer, East Suffolk County Council*)

Resumed discussion on papers given at Morning Session

FRIDAY, MARCH 18th

MORNING SESSION, 10.0 to 12.30

Chairman: **G. B. Jeffery, Esq., M.A., D.Sc., F.R.S.**
(*Director, University of London, Institute of Education*)

Subject of Discussion:

THE NEED FOR UNDERSTANDING THE INDIVIDUAL—AS PART OF THE TRAINING OF DOCTORS, NURSES AND TEACHERS

Speakers:

Prof. J. C. Spence, M.C., D.Sc., M.D., F.R.C.P. (*Professor of Child Health, University of Durham*)

Prof. Brian Stanley, M.A. (*Director, Institute of Education, University of Durham*)

AFTERNOON SESSION, 2.30 to 5.0

Chairman: **G. B. Jeffery, Esq., M.A., D.Sc., F.R.S.**

Subject of Discussion:

THE NEED FOR UNDERSTANDING THE INDIVIDUAL—AS PART OF THE TRAINING AND FUNCTION OF SOCIAL WORKERS

Speaker: **Miss May Irvine, M.A.** (*Tutor for Psychiatric Social Work, Manchester University*)

Resumed discussion on papers given at Morning Session

THURSDAY, MARCH 17th

Official Opening of the Conference by H.R.H. THE DUCHESS OF KENT

Chairman:

The Rt. Hon. R. A. Butler, P.C., M.P.

(*President, The National Association for Mental Health*)

The Chairman: I have the honour to preside for a few moments at the beginning of our proceedings today in order to introduce to you our Patron, Her Royal Highness The Duchess of Kent.

We are, Ma'am, very grateful to you for coming here this morning to open our Conference.

We had a very successful Conference last year, and last summer we were largely responsible, as the National Association, for organising one of the most successful international congresses which has been held in England, not only on the subject of mental health, but, I would almost go so far as to say, on any subject. We, therefore, rather pride ourselves not only because of our activities in mental health, but because of our ability to organise conferences of all kinds.

But we feel ourselves particularly fortunate today, because we have the great honour of your visit to us. We are very proud that you should be our Patron. This adds both grace and dignity to our proceedings; and, without further ado, in order that I may not myself take away from the grace or the dignity, I should like to ask you, if I may, officially to open this Conference this morning.

Address by H.R.H. THE DUCHESS OF KENT

(*Patron, National Association for Mental Health*)

Mr. President, Lord Feversham, Ladies and Gentlemen,

The activities of the National Association for Mental Health are numerous and widespread, and, in seeking to safeguard the interests of those who are distressed in mind, it has demanded the solution of many problems which are, in themselves, of almost equal importance.

In the encouragement of new methods, the training of specially skilled workers, and in the study of the needs of the community as a whole, the Association performs a great and noble service, not only to those who through their afflictions are in need of help, but to all of us who are concerned with the welfare of the nation.

That this work is not confined to this country alone is well known to you all.

This Association was responsible for initiating the first post-war International Congress on Mental Health, which was held in London last August, and which was attended by over two thousand people. I regard that as a very great achievement, and I would like to take this oportunity of congratulating all those of you who were concerned with the arrangement of the Congress. Its importance was afterwards recognised in the formation of the World Federation for Mental Health, a body that is now affiliated with the World Health Organisation, and with U.N.E.S.C.O.

Today and tomorrow you will be considering matters of immense importance; the effects of new legislation, and the application of mental health principles to the care of both children and adults.

I thank you for the kindness of your welcome this morning; I am happy to be able to be present on this occasion. As your Patron, I am deeply interested in the work of the Association, and it is my earnest hope that this Conference will be an eventful and a fruitful one.

I wish you every success in your discussions, and I now have very great pleasure in declaring this Conference open.

The Earl of Feversham, D.S.O., D.L., J.P. (Chairman of Council, National Association for Mental Health) : I know that I speak on behalf of everyone in this hall when I say how greatly honoured we are to have Your Royal Highness here this morning to open this Conference, and to present us with such an encouraging address.

It is a great inspiration to all of us to know that Her Royal Highness, as Patron of this Association, follows our work with such understanding and sympathy. We count ourselves most fortunate, ma'am, that, amidst so many duties, you are able to find the time to honour us by your presence this morning.

I should like this Conference to know that the late Duke of Kent rendered very valuable service to the movement in which we are concerned before his untimely death, which was such a great national loss. His Royal Highness was for several years

President of the National Council for Mental Hygiene, one of the amalgamating bodies of this Association, and he took a very keen and active interest in the early days of the formation of the Tavistock Clinic. The Duke of Kent also assisted me personally when I was trying to do something to improve the finances of one of our main clinics for training psychiatric social workers in London, and we are most grateful and appreciative that Her Royal Highness has carried on her association with this work which was so valiantly begun by His Royal Highness.

Ma'am, by your presence here this morning you have added to our determination to mitigate the suffering of the sick and the sorrowful, and thereby you have given the inspiration to us to do our bit in whatever sphere it may be to advance this branch of social service, in order to add to the sum total of human happiness and contentment.

THURSDAY, MARCH 17th

MORNING SESSION

Chairman:

Prof. A. N. Shimmin, M.A.

(*Professor of Social Science, University of Leeds*)

The Chairman: The purpose of our Conference today is to discuss the first impressions of recent social legislation. There are just two points I would like to refer to before that discussion begins.

We have behind us a long record of social legislation, beginning in effect with the old Poor Law, and I think it would be useful in these discussions to remember that the old Poor Law is an indication that remedies can be applied without an adequate investigation of causes. I hope to hear from the experts today something about the pursuit of enquiry into the causes of recognised deficiencies in our social order, deficiency of employment maybe, deficiency in mental ability, deficiency in the care of children in the community. Whichever deficiency it may be, I think it is vitally important that the work of research into causes should actively be pursued as a necessary part of the implementing of this legislation.

The other point is that it seems perfectly clear that a mass of legislation is by no means the end of the process. This legislation will require a great deal in the way of equipment, premises, and above all of trained people. I hope to hear something in the course of today's discussion from those who are actively engaged in this work about the importance of appropriate training and staffing for these services. We have learned to our sorrow in our history that legislation can be rendered of little effect for lack of competent people to implement it. I hope that aspect of the matter will not be overlooked at this Conference.

INTRODUCTORY ADDRESS

Sir Wilson Jameson, G.B.E., K.C.B., M.D., F.R.C.P.

(*Chief Medical Officer, Ministry of Health and Ministry of Education*)

I am privileged to have been invited to speak for just a few minutes before the real subject for discussion is introduced. It gives me the opportunity to pay a tribute to the work of the National Association and to congratulate it on its good health since its birth, by amalgamation, in 1946. Its interests are wide enough to cover the whole field of mental health, and to justify completely its description as a national organisation.

I want, too, to make public acknowledgment of the splendid work done by the Provisional National Council, now the National Association, in providing, on behalf of the Ministry of Health, after-care for many who were discharged from the Forces during and after the war on account of some psychiatric disability.

I should like also to express the hope that through the energy of your members you will be able to maintain and extend the pioneer work you are doing, and that the Association will retain its independent and voluntary character. At no time in our history has it been more important to have active voluntary organisations, able and willing to experiment, and to indicate ways in which the more official services can profitably develop.

We need much more than hospitals if we are to make progress in the prevention of mental disease. Nervous or mental illness does not necessarily mean a mental breakdown, though it may lead to social embarrassment, employment difficulties, or disturbance of family life. Here, surely, we want every social and medical measure we possess to prevent illness and, when illness has established itself, to treat it before admission to hospital is found necessary.

We can deal with some, at least, of the social contributory factors by making available through information bureaux and welfare centres the services of experienced psychiatric social workers who, while working generally under medical guidance, can do so much to relieve the anxieties of these afflicted persons. I understand that developments of this sort are being encouraged by Local Authorities and their medical officers, and I hope you will interest yourselves in them.

Another social activity which has grown up during the past ten years or so is the social club, where patients discharged from hospital can make contact with others who are similarly in process of social readjustment. These places should not be regarded just as Clubs for discharged patients : that would hardly be desirable. Their object, as I see it, is to provide some sort of temporary help for those who, having recovered from their real illness, need some support in their endeavour to attain social ease and comfort in work and leisure.

I hope, therefore, you will interest yourselves in all measures that seem likely to cut down admissions to hospital, or shorten the period of in-patient treatment. Hospital building is likely to be restricted for some time to come, and in any event hospitals are very expensive places. But hospital care will be necessary in many cases, however good the other arrangements may be, and here we must make use of all kinds of hospitals, not merely mental hospitals.

Psychological factors play a part in so many illnesses that account must be taken of them in general not less than in mental hospitals; indeed, I hope to see the care of mental illness form quite a considerable part of the work of general hospitals, both out-patient and in-patient, in the years to come.

I hope, too, that there will be great interchange of staff between the two kinds of hospitals. It is our aim that, in the study of the health of any individual, the mental state shall receive just as much attention as the physical.

FIRST EXPERIENCES OF RECENT SOCIAL LEGISLATION AND IMPLICATIONS FOR MENTAL HEALTH

(a) National Health Service Act, National Assistance Act, National Insurance Act.

Prof. D. R. MacCalman, M.D., M.R.C.P.E.
(*Nuffield Professor of Psychiatry, University of Leeds*)

When faced with the subject of this morning's discussion I did not know what to do. I assumed, rightly I think, that the members of the audience would be, for the most part, expert administrators. They would, I felt sure, know much more than I do of the recommendations, regulations, powers and duties contained in these three far-reaching pieces of legislation. Some of them, for all I know, may have read all three Acts. My knowledge, on the other hand, is strictly limited to my experiences, for a few months, as a member of a Regional Hospital Board, and, for another short time, as a member of a Mental Health and Technical-Advisory Committee in another region. I frankly confess to being, for much of that time, completely overwhelmed with the complicity and mass of the business which we have tried to enact, and to being pathetically dependent upon the officials as to what could or could not be done. I am a little comforted by the fact that I do not seem to be alone in my bewilderment. There is, if I mistake not, a strong drawing together of the group, a friendly intimacy, because, it seems, we were sharing an emotionally devastating experience.

So I hastily decided to confine my remarks to the latter part of this morning's title—i.e., implications for Mental Health. I hope that I will not stray too far from the subject if I consider, very broadly and briefly, the part which the State may be expected to play in fostering and maintaining good mental health, and in attempting to sever the roots of maladjustment which lead to mental ill-health. There is, I think, a strong feeling growing among those who are charged with the responsibility of providing care and treatment for mental illness and defect, that it is useless to get into periodic panics as the enormity of the problem becomes, in one way or another, apparent; that it is useless to try to assuage our collective feelings of guilt by providing more and more beds in mental hospitals, or more early treatment units, or even more child guidance clinics. The official attitude towards mental health, we feel uneasily, as Dr. J. M. Mackintosh[1] points out, is still over-anxious about care and control—especially control—of persons of unsound mind. Clinics for the treatment of neurosis are too burdened with minimising the nuisance factor to society of the maladjusted; child guidance too frequently concerned with behaviour problems which, many of them, could have been prevented by reasonably good upbringing and enlightened education.

The danger is not, mark you, that the National Health Act fails to make such provision as we know of for the prevention of mental ill-health, or for the study of fundamental errors of maladjustment, or for the discovery of factors and conditions which will favour the creation of a generation of healthy people. It can do that and more. The danger is that the Act will be interpreted and administered so that emphasis is placed upon methods of care and treatment rather than upon investigation of the fundamental causes of mental illness. We, as members of a voluntary association, must not regard official bodies too much as our natural enemies. We must not expect official bodies to overstep their functions, but try to understand what sphere of influence should properly belong to them and to ourselves. Surely it should be their task to give security and stability, to conserve national resources, to consolidate new advances, and to respond only to urgent demands for new projects. As a voluntary and independent society, it should be our task to form the cutting edge to new fields of endeavour; it should be ours to be the counter-irritant to complacency and too much security; we should do what official bodies might like to do, but may not do. We should be the gadfly which stings into reluctant activity the somewhat ponderous hindquarters of bureaucracy.

One of the fields which we should determinedly cultivate is that concerned with research. We should emphasise that vast sums of money must be spent on investigation of those illnesses which year by year cost the nation so dearly. What industrial concern could continue without its research department? Would any of the Armed Services be content with their existing weapons, and do they not regard it as an important part of their duty to spend money lavishly on new methods and new devices? I realise that the Medical Research Council is spending more than it ever did before, but its yearly budget is still an infinitesimal percentage of the cost to the nation of illness and reduced capacity to work, to say nothing of unhappiness and lack of vitality. I am not putting forward anything new, for the same thing was said in 1909 by Adolph Meyer. How ashamed we should be when we read that which he said forty years ago: " Many too-long neglected lines of research enter into psychiatry, and it is only to be hoped, now that the North Pole and the South Pole have been properly discovered, that there may be some interest in expeditions exploring the biggest asset and the biggest problem of individual and nation: the brain and its proper working." There have been many expeditions since then into human thought, feeling and behaviour, and in some directions we have made tolerable progress. The developments in the treatment of the neuroses, to mention only one technical advance, can be described in W. R. Bion's words, "quite briefly as being from sal volatile to psychoanalysis." (May I, in parenthesis, suggest that this Association would do a great public service by reprinting and distributing widely the presidential address to the Medical Section of the British Psychological Society[2], 14th January, 1947, from which this quotation is taken, and upon which much of what I have to say is based.)

The mental health of an individual is so closely linked with the mental atmosphere of the community in which he lives, that it is worth while to consider the temper of the nation and, indeed, of the world today. We would all probably agree that the state of the world today is little conducive to stability of mind. You may have noted that the period of transition from war to peace after the first world war differed in an interesting way from the period we are now going through. In 1919 the whole nation believed passionately that the victory just won would create, "a land fit for heroes to live in," by which we dimly meant a state of rest rather than effort, of reward after labour, rather than new opportunities for service. Our country having been saved, a static memorial having been raised, our duty was done. It is little wonder that such moral disarmament was followed by bitter years of disillusionment and economic depression.

After the second world war, there was little feeling of relief from danger and difficulty, of entering the safe harbour of peace. V.E. Day was a mere shadow of Armistice Day, 1918, and on V.J. Day there was still less evidence of boisterous release of pent-up feelings. There was quite a strong realisation that if we wanted peace and prosperity we would have to plan it and work it for ourselves. A tremendous amount of interest was taken in the general election which followed, and the unexpectedly overwhelming victory of the Labour party showed that there was a wide belief that the country would be a better place, if only a new and progressive Government were in charge. Wide publicity was given to our parlous economic position which, together with the severe winter of 1947 and the coal shortage, stimulated all classes of people to serve the nation with energy and enthusiasm. Meantime, in the international sphere, the birth of the United Nations Organisation was not viewed with the high and fanatical hopes with which the League of Nations was greeted. We were more sceptical, more calculating, more realistic, and therefore better prepared for the replacement of the Maginot Line by the Iron Curtain.

There has, therefore, been a less sharp break between war and peace, because circumstances have compelled us to redirect our efforts, without pause, from wartime effort to peacetime task. We have had the stimulus of adversity, which Arnold Toynbee believes to be necessary for the continued growth of a civilisation.

But our national life is not by any means as healthy as it could be. There are still too many of our citizens who are bewildered and without belief in our power to recover, and still too many who would rather be dead than work to the present national plan. There are others who believe completely, and so naïvely, that techniques, like nationalisation of an industry, mean a life of ease and luxury for all its workers on the profits formerly enjoyed by a handful of private owners. They expect political victory will win them the kind of land fit for heroes to live in, which the returning heroes of 1918 sought so vainly.

Still others hope that continued full employment and complete social security will provide happiness and mental health. They have, I admit, some justification for their belief that such measures will relieve some unnecessary suffering. I can never forget the miseries and degeneration which abounded in Clydeside during the years of the Depression. But we should do well to remember that, curiously enough, similar harm may result from the State doing too much as from doing too little for the individual. We all know how unattractive and unbalanced in character is the child whose parents lavish upon him an anxious and indulgent care. He grows up to be demanding and selfish, dissatisfied and irritable, lacking in energy and vitality, and quite incapable of independent action. I do not think that the State can ever lavish the same intensity and degree of overprotective care as can an anxious parent, and so would not expect the same degree of unfortunate reaction on the part of the individual citizen. But the impression that has been given that many expenses, which formerly have had to be met by individual effort, are now to be free may create an attitude of mind which is the reverse of sturdy independence.

The prospect of our citizens becoming devitalised by a too benevolent and over-protective government is not by any means the most serious challenge of our time. It may be perfectly true that, as Donne said, " affliction is a treasure and scarce any man hath enough of it," but Toynbee has demonstrated that environmental conditions, be they hard or easy, are not the only factors responsible for the shaping either of a person or a civilisation. There is also, " an indefinable factor, an unknown quantity, apparently psychological in kind, which is the most important, the most fate-laden." Bion suggests that this unknown factor is, " the capacity that is shown by individuals in the community for a personal relationship and the quality of that relationship," which in turn depends upon the operation of unconscious emotional impulses. May I give you an illustration of what I mean by unconscious emotional impulses. Many of you have had long experience of committee work, and you may have noticed an interesting phenomenon about it. If a new committee is formed of people who have not worked together as a group before, quite soon one of several things may happen. The committee may rapidly come under the domination of one individual, who need not necessarily be the chairman. Thereafter that committee will work quite smoothly, though in a rather limited way, provided the other members are content to be submissive. More frequently, the committee splits into two or more factions which wage a perpetual conflict with each other, and thereby hamper the progress of the committee and stultify its work. It may be apparent to all concerned that these factions will never really agree, but the interesting thing is that this conflict is never openly mentioned. No matter how much the work of the committee is hampered, no one refers to the silent strife which is going on. I should emphasise that I am not referring to political incompatabilities, for the same thing may happen in any group. These conflicts, which no one likes to discuss, are activated by the unconscious emotional impulses, which largely determine the attitude of one person to another within the group.

The existence and nature of these unconscious emotional forces have so far been unrecognised, or, at and rate, not understood, by national leaders, whether they be philosophers, historians, lawgivers, statesmen or priests. They were first recognised to be important, so far as the individual was concerned, by the psychoanalytic school of Freud and Jung and Adler. Quite recently, evidence has been forthcoming that the same kind of unconscious emotional impulses play an all-important role in the life of groups, whether they be small like the family unit or large like a national group. While this all-important fact is unrecognised, there is little hope that our Western civilisation will survive.

You may ask what has all this to do with this morning's subject. Quite frankly, I feel that to be discussing legislation, admirable and desirable though it may be, at a time when our nation and our civilisation are presented with such a serious threat to existence, is rather like fiddling while Rome burns. The writing is upon the wall, and it is imperative that we should learn how to interpret it. The care and treatment of individuals who have broken down presents the same kind of problem as a world which threatens to plunge itself into destruction. We can deal temporarily at least with a patient who threatens self-destruction by forcing him into a place of safety, and this gives us a chance to re-adjust his unconscious emotional impulses, but there is no corresponding place of safety—no Section 20—for a sick nation or a self-destructive world.

I suggest, therefore, that, together with our humanitarian legislation for the individual, we should investigate with all speed the sickness of groups. There are, as Bion suggests, certain indications that this is both a vital and an immediate necessity. Take, for example, the dilemma which has been presented to mankind by the atomic scientists. Many people have been horrified by the discovery of a means of destruction so powerful that it could destroy mankind altogether. Others allay their anxiety by believing that the fear of this power will diminish belligerency, and that atomic energy can then be used for peaceful ends. But if it is so used, productivity will increase and we shall have greater leisure. Would that be a benefit? Can people be educated for leisure? Some educationalists seem to believe that they can, for there has been much talk that this must be taken into account with the raising of the school-leaving age. But our educationalists have not, I submit, really investigated the problem of why increased leisure should be a threat to any individual or group. Too much leisure has been associated in our minds with the decline and fall of Rome, with the lack of culture and terrible fears of societies which have always had a too bountiful environment. But why should this be so? The answer probably has something to do with the fact that unconscious impulses, harmful to society, are kept at bay when environmental circumstances are so difficult that co-operation is compelled through the dynamic force of self-preservation. It is only when the enemy without is defeated that the members of the group become, not aware of, but influenced by the problems of personal relationships within the group. Unless the group or nation has strong leadership, and the members feel that they must continue to expend effort in some plan which they are all agreed upon and all recognise, the group disintegrates or is absorbed by another group dominated by a stronger purpose.

The same kind of difficulty arises in a somewhat different way. As the individual grows from birth onwards, each step he takes brings new difficulties which he must investigate and solve. Learning to walk, the acquisition of language, in turn, widen his horizon, and bring him ever more complex problems of adjustment. His mental health depends directly upon the success with which he meets the challenge provided by his progress; and, conversely, his success in meeting the challenge depends upon his mental health. Here again, we see the importance of achieving full intellectual and emotional development, without which good mental health cannot be achieved. But this is by no means an easy task, as educationalists, psychologists, sociologists, and all who have tried to improve the system of child education well realise. The fact is that full development is not something which can be taught by any known methods, nor can it be fully acquired by imitation. On the other hand, what Bion calls, " a simian capacity for acquiring technical skill " of a mechanical type, is easily communicated. Wartime experience showed, to a frightening degree, what a high percentage of any nation could learn to operate, even if they did not understand, destructive machines of very great complexity. Thus there is a danger that societies will in the future consist of a higher and higher percentage of technically skilled individuals, and a lower and lower percentage of persons who have attained full emotional and intellectual development, i.e., those whose mental health is good. There would appear, therefore, to be a great urgency for us to develop a technique of systematic emotional development. This we can do only by taking into account the forces in the unconscious mind, rather than by concentrating, as parents and teachers have done hitherto, upon conscious or rational processes.

There are, of course, many other problems which challenge us today which I would like to discuss with you, but I hope that I have been able to say enough to convince you that the implications of mental health are not as simple and straightforward as they appear to be. We are faced, not with a mathematical or mechanical difficulty which can be solved by pure reason, but with human beings and their complex interpersonal relationships. The difficulties which the individual finds in adjusting his personal problems are inextricably bound up with the difficulties of the society in which he lives. The solution of one depends upon the solution of the other. We cannot expect a peaceful person in a restless world, or that a peaceful world should be made up of restless people.

We, in this Association, are a group of people especially interested and skilled—if we can so designate our as yet meagre knowledge—in matters pertaining to mental illness. We can be quite sure of this that if we, or groups similar to our own throughout the world, are not aware of the danger in which mankind stands today, our generation, like all preceding generations, will fail to meet the challenge of our time. Whether we like it or not, " the fields are all white and the reapers are few."

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[1] Mackintosh, J. M. (1944) : *The War and Mental Health in England.* New York. The Commonwealth Fund.

[2] Bion, W. R. (1948) : *Psychiatry at a Time of Crisis.* British Journal of Medical Psychology, Vol. xxi, Part 2.

EFFECTS OF RECENT LEGISLATION ON PSYCHIATRIC SOCIAL WORK

Marjorie A. Brown, M.A.

(Senior Psychiatric Social Worker, Department of Psychological Medicine, University of Durham)

The National Health Service Act has now been in force for eight months. I have been asked to review today the implications of this and other new legislation for psychiatric social work. Only on an understanding of the spirit of this legislation can we base a practical interpretation of the law in detail. I should like, therefore, to begin by drawing your attention to the principles which underlie the new Acts, and the change in the social philosophy of our times which they embody. I shall then consider some of the questions raised by the National Health Service Act.

The most outstanding feature of the new legislation is the change in the conception of the duty of the State. The first principle of the old English Poor Law was that " the good of the community at large, and not the rights of individuals, is the proper reason for making legal provision for the destitute." Today, our attitude has changed; we feel that the State has a responsibility for the welfare of its citizens, not primarily for its own good, but for the good of the individual. This attitude is implied in all our recent social legislation. The Poor Law, after a working life of 350 years, has died. Although we have been hearing for many years that it was out-dated, no Government until the present one faced the tremendous task of introducing alternative legislation. Social services are now planned to meet the needs of every individual and to raise the general standard of life. Moreover, it is no longer a question of people of one class legislating for those of another. The Government has brought about the reform of our social service system, as a result of which the State makes full and adequate provision for everyone who may find himself in unfortunate circumstances and in need of help or treatment.

There is another aspect of this legislation which involves a new departure : cognizance is taken of psychological as well as material needs. The Education Act of 1944 wrote Child Guidance into the law of the land; the Children Act of 1948 emphasises the need of the deprived child for a normal home life where he can have security, affection and adequate outlets; by the Criminal Justice Act of 1948 certain offenders can be remanded for mental, physical or social examination. The National Health Service Act takes account of psychological needs, and this approach can be seen in the National Assistance Act—particularly as regards old people—and in the National Insurance and Disabled Persons Acts.

In the National Health Service Act, physical and mental health are at last brought together in a single service. The attitude of the public towards mental disorder has changed with the growing understanding of mental illness. The present century has seen a great advance in methods of treatment, and in the appreciation of the close connection between mental and physical health. The last twenty years, in particular, have marked a greater extension in the mental health services, both for children and adults, than any other comparable period.

The factors which brought about this development can be traced to the Mental Hygiene Movement in America, to the increased understanding of mental illness gained in two wars, and to the contributions of individual psychiatrists of whom, perhaps, the most outstanding is Adolf Meyer. The realisation of the importance of the patient, not merely as a collection of symptoms, but as an individual, and the relationship of that individual to his environment, has had a marked effect on the development of social psychiatry. It is no coincidence that the same period has seen the extension of psychiatric social work.

The basis of psychiatric social work, whether in a clinic or hospital, or whether in adult work or child guidance, is the relationship of the patient to his environment. Dr. George M. Stevenson, the Medical Director of the American National Committee for Mental Hygiene, has written :—

> *"Almost every psychiatrist can recall patients whose difficulties might have been better understood and relieved if the circumstances of their daily lives at home and at work could have been studied. And every psychiatrist remembers men and women who could have been helped to get well faster, and protected from relapse, if there had been a service extending care and study outside the office, hospital or clinic, and offering information and encouragement enabling them to meet and understand the difficulties with which they were confronted. Such help, we have come to believe, is as essential to the recovery, rehabilitation and continued health of the patient as insulin is to the care of a diabetic. In some instances, it means literally the difference between life and death."*

The psychiatric social worker endeavours to give this service.

The first psychiatric social workers to be employed in this country were trained in America. In 1929 the Mental Health Course was established at the London School of Economics, and more recently courses have been set up at the Universities of Edinburgh and Manchester. There are now approximately 330 psychiatric social workers in employment, and about 50 students are trained each year. Of this 330, approximately one-third work in mental and general hospitals and clinics, one-third are in the child guidance services, and one-third are engaged in other types of mental health work, in different forms of professional social work and in the training of psychiatric social workers. The usual requirements for the men and women who are admitted to the mental health courses are a University Social Science Certificate, or a Degree followed by a post-graduate course in Social Science. Most of those who take the training have had some years' experience in social work.

Both in child guidance and in work with adults, the psychiatric social worker forms one of a team, together with the psychiatrist and the psychologist. She obtains a history of the patient's life and background from his relations; by this means the psychiatrist can see him in relation to his environment. Having thus made contact with the patient's family, she can act as a liaison officer between them and the hospital, interpreting his illness and needs to them. Before the patient is discharged, she tries to ensure that those close to him provide so far as they can the material and psychological environment best suited to further and maintain his recovery. When the patient has left hospital, she tries to ease the difficult transition from hospital invalid to self-reliant member of society by enlisting the resources of the community, both statutory and voluntary, to help to re-establish him in work and in normal social activities. Through her training in social science she is equipped to deal with practical matters such as convalescence, housing and employment; through the more specialised mental health course, she is trained not only in the implications of mental illness but in the understanding of personal and social relationships.

While most psychiatric social workers are employed in mental hospitals and clinics, there are a certain number already working in the community. During the war, the Provisional National Council for Mental Health was asked by the Board of Control to undertake aftercare for the group of service men and women who had been discharged from the forces as psychiatric casualties. In each region psychiatric social workers were appointed, with a staff of trained social workers, to provide this aftercare. Owing to the shortage of psychiatric social workers, it was never possible that all the work could be undertaken by them. This service was carried out from the community; the workers were in close touch with a wide range of hospitals and out-patient clinics, but not identified with any one of them. In the course of time the character of their work changed : they were asked to deal with civilian as well as service patients and were used in an advisory capacity by other social agencies. Work of this kind has been a proving ground for two important developments—psychiatric social work in the community, and the possibility of employing trained social workers, supervised by those who have had a training in mental health.

How is the National Health Service Act affecting the psychiatric social worker? Where she is employed under the Regional Hospital Boards, i.e., in hospitals and clinics, there has been little direct change so far. Certain developments, however, in the local health authority schemes may affect her a good deal. The Ministry of Health Circular of June, 1947, suggests that the duly authorised officers of the local health authority—the men and women appointed to take initial proceedings for providing care and treatment for persons suffering from mental illness—should include in their number, on a joint basis, psychiatric social workers employed by the Regional Hospital Boards. This suggestion has raised problems which psychiatric social workers are still discussing and has made them reconsider the terms of their work. Some of them have felt that it would be impossible to combine casework, involving as it does a personal relationship with the patient or relative, with statutory, i.e., compulsory, powers. They feel that the relationship would be adversely affected by the client's knowledge that the worker possessed these powers, even although she did not use them frequently. It is also felt that routine work—say attendance at a clinic or an appointment with a patient—would be disturbed if a worker had suddenly to deal with an emergency. These objections, however, can be answered. The combination of casework and statutory powers has been done, and done successfully, by the workers of the voluntary mental welfare associations; the interruption of routine work can be overcome by careful organisation, as presumably, on a joint basis, the psychiatric social worker would only be on call as a duly authorised officer for a proportion of her time. How often, too, when dealing with a grossly disturbed patient, has she wished she could take him straight into hospital, without waiting about for the duly authorised officer to turn up? The few psychiatric social workers who are acting as duly authorised officers report that so far their statutory duties have not affected their other functions. Until, however, there are enough to fill the existing vacancies in hospitals and clinics, it seems uneconomic to use psychiatric social workers for work of this kind.

The Lunacy Act of 1890 centred mental health on the hospital. The National Health Service Act, 1948, by empowering the local health authorities to make arrangements for the prevention of illness, for care and aftercare, creates a new nucleus for mental health activities. Although we are gradually getting rid of the stigma of the mental hospital, the feeling of fear and hopelessness is still present in the minds of many people who would perhaps go more readily for advice and help to the mental health department of the local authority. The local health authority psychiatric out-patient clinics, the point of contact with the Regional Hospital Board, will, I think, be a decisive force in mental hygiene of the future. Few of these clinics have been established so far. The local health authorities are concentrating on their functions under the Lunacy and Mental Deficiency Acts, and a number of them are taking over the aftercare of mental hospital patients. What of the staff who are going to carry out these duties? Circular 100/47 refers to the "mental health workers" of the local health authorities. "Mental health worker" was originally the term applied to the trained social worker employed in mental deficiency work by the Central Association for Mental Welfare and its associated bodies. It is a compliment to the achievements of these workers, who were pioneers in the field, that the term should be taken over by the local authorities. The term, "mental health worker," now includes men and women with a very varied professional background—former relieving officers (transferred from their work under Public Assistance Committees on the abolition of the Poor Law), social welfare officers, mental deficiency officers, occupation centre supervisors, home teachers of defectives, health visitors, clerks and other local government officers. These people have had a variety of experience and are equipped to deal with different aspects of the work, but, with a few exceptions, only the workers taken over from the voluntary mental welfare associations have had the necessary training. The short courses which have been held for duly authorised officers have provided an introduction to the work, but they cannot be looked upon as sufficient to qualify a new grade of worker. It is impossible to teach casework in particular in a few weeks. Casework is not spectacular; it is slow, patient and unobtrusive. It calls for respect for the integrity of the individual, the ability to give advice but not to enforce it, to stand back and let the individual make his own decisions, to know when to give support and, more important, when to withdraw it, to help the client to recognise his limitations, accept them, and, having accepted them, take his place in the world again. I am not decrying relieving officers and social welfare officers who have done a difficult job requiring tact, sympathy and judgment, but the fact that they have been preoccupied in the past with the legal side and with alleviating material want, makes it difficult for them to adopt the more fluid personal approach which is required. It is very important that the local health authorities should realise the value of good casework. It is better that they should build up their lay staff slowly and not try to put into effect all the services in the shortest possible time. A high standard is essential; if a poor quality of work is offered in a hurry it may become the accepted practice, to the detriment of further progress. In order to ensure this high standard, it is most desirable that there should be in each local health authority at least one experienced caseworker, preferably with a qualification in psychiatric social work.

Many local authorities are aware of the need in their mental health departments for psychiatric social work; they are also aware of the shortage of trained workers. Some local health authorities have overcome this difficulty by contracting with the National Association for Mental Health that their regional representatives should continue their work as part of the local authority community care scheme. A considerable number of the larger authorities have advertised for psychiatric social workers to take part in their duties under the Act, mostly in a supervisory or consultative capacity. These posts sound attractive; the salaries are usually up to scale and in some instances above it, but, so far as I know, up to the present time only a few of them have been filled. I think this poor response is only in part due to the shortage of psychiatric social workers; it is also partly due to the repugnance at assuming statutory powers to which I have already referred, and partly to the difficulties anticipated in co-operating with or supervising people with a different approach to the work. But the main difficulty, I think, is that the psychiatric social worker is trained to carry out her duties in consultation with a psychiatrist as one of a team, and most of them prefer this clinical setting. When the local health authorities advertise for psychiatric social workers for their mental health clinics they will not, I believe, have the same difficulty in filling the posts. Those who have worked in the National Association aftercare scheme have proved the value of work in the community, and the National Health Service Act has given the psychiatric social worker the opportunity to extend community work, adapting herself, if need be, to the demands made on her. There is plenty of scope here; in a community service, patients can be helped before their illness becomes severe, and there are opportunities for advisory and educational work.

I should like to consider for a few minutes the question of aftercare. We know how important a good aftercare service is. It is an expense which amply repays itself; without it, much of the work of the hospital may be wasted. Aftercare visiting is terminated as soon as possible, so that the patient develops self-reliance, but some chronic home invalids may have to be visited over a long period. Who is to carry out this service—the hospital or the local health authority? As a rule, aftercare visiting is done by the hospital psychiatric social worker, so that personal contact with the patient is maintained. She is able to consult the psychiatrist about him should the need arise, and she is acquainted with his history and his background. This procedure usually works smoothly and well. But it sometimes happens that the patient, in attempting to forget his illness, feels hostile to the hospital and resents the idea that someone connected with it should keep in touch with him. With other patients, it may be necessary to terminate a too-strong dependence on the hospital and encourage them to stand on their own feet. In cases like these, aftercare carried out from the local health authority, which has no apparent connection with the hospital, may be most valuable. There is, in fact, scope for aftercare carried out both from the mental hospital and from the community. In most regions, the mental hospital psychiatric social workers and the regional representatives of the National Association for Mental Health have worked smoothly together, and have been able to give an extended service to the patient. I would suggest that this compromise solution be retained and that, as more psychiatric social workers are employed in Mental Health Departments, more aftercare may be done in conjunction with mental hospitals. I know that some local authorities are anxious to undertake all the aftercare in the mental health field as in medicine. Psychiatric social workers, like hospital almoners, feel that this is not a matter for hard-and-fast regulations, but that the type of aftercare offered should be that best suited to the individual's needs.

As a profession, psychiatric social workers are in the difficult position that, having demonstrated the value of their work, they are unable to fulfil the demands made on them. In 1947 there were 163 vacancies advertised for psychiatric social workers, including 68 new posts. In 1948 there were 182 vacancies, including 93 new posts. For several years there has been a large number of unfilled posts, most of them in adult work, and this number, owing to the Act, is increasing. Still more posts would be advertised, but that the Hospital Management Committees and Regional Hospital Boards feel that the position is hopeless. This seller's market is not a good thing. Because of the attractions of London and the home counties, posts are more easily filled there, but many important jobs in the provinces are still vacant. This uneven distribution is the more disturbing because a number of people who have not had the recognised training have been appointed to mental hospitals and clinics as psychiatric social workers. Where a trained social worker is appointed, the situation is less serious, but it is feared that the untrained worker may lower the standard of psychiatric social work in this country. There is a danger that more infiltration of this kind is likely to occur.

The Association of Psychiatric Social Workers, which has been giving serious attention to the question of increasing the supply of trained workers, welcomed the setting up of the Government Committee on Social Work in the Mental Health Services. The shortage is part of the general shortage of social workers. There are, however, other reasons. Mental health students are recruited from men and women with qualifications in social science, and the number has fallen off recently because of the attractions of other forms of social work and of other training courses. For instance, the salary scales for children's officers and L.C.C. care committee workers are higher than those of the Association of Psychiatric Social Workers. Similarly, students taking the Child Care courses, and the Home Office course for probation officers, have a maintenance allowance during training. Until the mental health courses can offer similarly attractive terms, and until the salary scale is increased to keep in line with comparable posts in social work, it is unlikely that sufficient candidates will come forward. If maintenance grants during training were provided, it would be possible to establish additional mental health courses in universities which have chairs of psychological medicine and adequate opportunities for practical work. But this is a long-term policy and would not offer an immediate solution of the problem. As an interim measure, it may be possible to develop the scheme already initiated by the National Association for Mental Health. It has been suggested that trained social workers could work for a period under the supervision of a psychiatric social worker on the understanding that, if they were suitable, they could proceed to take the further training on a maintenance grant. It is most important that what psychiatric social workers there are should be used as economically as possible. The Regional Hospital Boards and local health authorities should not indulge in a game of grab, but should consider the needs of the community as a whole. It is also important that psychiatric social workers themselves should be moved by a feeling of duty to the community, even although it involves going into the wilderness. This is, for them, a time of challenge.

Before I close, I should like to address myself for a few minutes to the members of hospital management committees who are present. Some of you may have served on hospital visiting committees, but many of you are new to mental health activities. Do you know enough about conditions in the best mental hospitals? There are still a great many mediocre mental hospitals; there are even still some bad ones; but there are a few very good ones. Find them out and go and visit them. Don't be satisfied if you see the chronic patients in your hospital sitting about in rows doing nothing but look vacant. Many of them *can* be interested in simple crafts or occupations. And the rooms they are sitting in—have they curtains? and flowers? and pictures?—I don't mean steel engravings of the " Stag at Eve," but pictures that are nice to look at. In fact, is it a pleasant room to live in, with an atmosphere that is not too institutional? After all, if they are chronic patients, they are going to spend the rest of their lives there. How many of the patients, men and women (I hope you no longer think of them as male and female) have any form of physical training? Young people should certainly have it as part of the physical rebuilding that so many of them need; many middle-aged people can do modified P.T. at the discretion of the doctor. If it is done to music, they can get a lot of pleasure out of it. No doubt they have routine weekly dances; what about country dancing or folk dancing in the afternoons? The men may not care for it so much, but the women will. And is there a canteen—a decent-sized place with little tables where they can have their elevenses and afternoon tea and entertain their visitors? How often do they have visitors—twice a month or twice a week? And are there opportunities for a certain amount of privacy when their visitors do come? What about books? Is there a library and reading room where they can go and browse at will? In some hospitals the library is supplemented by loans from the county library. If the hospital's own books get damaged, they can always be repaired in the Occupational Therapy Departments. That brings me to occupational therapy—is it being really actively done in your hospital? I know that promoted nurses of both sexes do very good work in occupational therapy, but the difference a training makes is enormous. Don't relax your efforts to get a trained occupational therapist just because these workers are in short supply. The various training centres are turning them out as fast as they can. Are your men and women patients segregated for most of the time? Many of them should be able to meet the opposite sex in the canteen, in the reading-room and at occupational therapy, as well as at dances. What outdoor games do they have? The younger patients can play football and cricket and tennis—are there bowls and croquet for the older ones? For recent and recoverable patients, the more normal the environment is, the better. I have heard it said that if you make life too pleasant the patient will not want to leave the hospital, but this applies to very few. And it does not apply to the chronic patient—after all, the hospital is the only home he will ever have, so why should it not be as pleasant as possible? You may not be able to have all these facilities at once, but please keep them in mind. Of course, it is expensive—but is it not worth it in terms of human happiness?

Finally, I should like to touch for a moment on the question of good will. With legislation of the complexity and scope of the Acts we have been considering, there is bound to be at first a certain amount of difficulty and friction; the engine isn't run in yet. I should like to appeal to those interpreting these Acts to observe the spirit of the law rather than the letter. Most of us have come across cases of hardship and frustration, of unwillingness to take responsibility, of differences of opinion as to functions, rights and titles. This is bound to happen; but much of it can be put right with goodwill and generosity of heart. The spirit is there in the Acts; the translation of it rests with us.

DISCUSSION

Dr. J. R. Rees, C.B.E. (President, World Federation for Mental Health), referred to the recommendations of the groups working for the International Congress on Mental Health, 1948. He stated that these had been approved by the Congress and had been sent to various United Nations agencies, including the World Health Organisation, whose Executive, at a recent meeting, had adopted a large proportion of these and were putting forward, for consideration by the World Health Assembly in June, a very considerable budget—about a million dollars—for mental health work next year.

This decision was especially gratifying because most of the delegates from the various countries to the World Health Organisation, and particularly to its Executive, were public health men, and it was the first occasion on which, in international public health at any rate, more than lip service had been paid to mental health. For the first time people have really tried to implement, and implement financially, some ideas for bringing about better mental health and better human relations throughout the world.

He felt that behind our discussions we should have this wider concept that everything we do is going to be of value to the other nations of the world, that all our work is now beginning to affect groups, as Professor MacCalman had just said, and that we have opening up to us a sphere of influence, an opportunity for our ideas, such as we have never had before. The work that we did here in these two days would certainly be of value far beyond our own local authorities, far beyond our own country, for we were planning things which can be made use of throughout the whole world for the betterment of human relations and to help people to live together happily and healthily in one world.

Dr. H. B. W. Morgan, M.P. (Rochdale: Confederation of Health Service Employees) said that Prof. MacCalman had stressed research, which led to the question: what kind of research? The speaker was always a little dubious about research being in the hands of a bureaucracy.

Prof. MacCalman had also spoken of the recent social reforms, and had wondered whether perhaps too much was being done for the individual, and had referred to the spoilt child. But in the past there had been spoilt citizens in privileged positions who were able to acquire wealth at the expense of the community, and they themselves had their mental diseases. He seemed to have missed the basic object of the recent social legislation which was to try to set a standard below which the ordinary citizen should not, for the benefit of himself and the community, be allowed to fall.

The question of leisure had been raised by Prof. MacCalman, who had suggested that some people were not in a state in which they could benefit from leisure. Leisure-time gave every individual an opportunity of getting within himself, looking at himself from a contemplative point of view, and that opportunity should be given to every individual, whether he used it in a proper way or not.

On the question of women having greater burdens, the speaker differed from Pro. MacCalman; he felt that everything possible was now being done to try to ease the burdens of women, who now had less burdensome duties to perform than in the past.

Speaking as a representative of the Confederation of Health Service Employees, Mr. Morgan asked the Conference to remember that employment involving responsibility for the care and treatment and prevention of mental ill-health was a very harrowing, serious and worrying occupation and, while pressing towards the aim of the benefit of the patient, every effort should be made also to ensure that the conditions of the workers in mental health institutions were the best possible, from the point of view of both working conditions and environment.

Dr. R. Sessions Hodge (Consulting Psychiatrist, Somerset County Council and Burden Neurological Institute) referred to the question of research, which was of the utmost importance. It should be realised that research was not necessarily a question of "big battalions." Some of the best work had come out of work of minor importance in its beginnings, performed by individuals, often under considerable stress and strain. The big organisations should be recognised, but the smaller units, too, should be given support. Lip-service had been paid in the past to the value of team work, and the best example of team-work could be found in the Child Guidance clinics, where the perfect arrangement existed of the psychiatric social worker, psychologist and psychiatrist working together. There was no question of status; the work was a function of the Team. Now this kind of organisation seemed to be threatened, for there was a suggestion that the team should be split, the psychiatrist coming under the Regional Hospitals Board and the other members under other bodies. Wherever far-reaching new legislation came into force, there was a risk that good things from the past might be lost. Team-work had been growing up for twenty to twenty-five years, and either we believed it mattered or we did not. Dr. Sessions Hodge therefore suggested that the Conference should pass a resolution:

> *"That any threat to the integration of the team as it stands at present shall be resisted."*

The speaker pointed out that, amongst the Acts to be discussed at the present Conference, one had not been mentioned—the Criminal Justice Act of 1948. Already the application of that Act had increased the work of the Clinics enormously, and it would do so even more. The figures for juvenile delinquency and crime for 1948 were very disturbing, and there seemed little chance of their diminishing in 1949; work in that field was inevitably a team-function. In Somerset it included investigation of the brain, but the essence of the work was the integration and relation of the results of the investigation, and it had to be done by a team.

On the question of preventive medicine, the general practitioners were the spearhead of the body of attack on all forms of disorder, and they should be helped. Under the new Act, there was an opportunity for additional clinical assistantships in areas not necessarily the great cities. That should be provided for within the framework of the National Health Service Act. It should be possible for men in general practice, with the right temperament and personality and the wish to get into work more definitely aligned with mental health work, to be provided with the opportunity of joining the nearest psychiatric team in the capacity of clinical assistant.

Dr. Nora M. Johns (National Council of Women and Alliance of Honour) challenged, on a factual and historical basis, the statement made by Prof. MacCalman as to the present position of women. In the lower economic scale, the woman had always had immense burdens to bear, but now the spread-over of those burdens had become more general. The legislation being discussed today had provided the framework for an immense lifting of those burdens from all classes of the community, and she would plead that the underlying principle of that legislation, which was to make it possible for all women in this country to perform this basic function as the centre of home and family life, and to operate in full citizenship in all the work and the challenge of our time, should not be lost sight of. Let us not allow for one moment, in the interests of expediency, that this excellent legislation should be limited to the needs of industry. Those present who were concerned with administration would immediately understand the implication of that point. A Conference of this type would be doing a great service if it agreed that our basic legislation must be implemented fully in the interests of women as citizens, and as the basis of all that was necessary and good in the home and family life.

Lord Feversham (Chairman of Council, National Association for Mental Health) said that he had been associated with probation work, through the National Association of Probation

Officers and the Park Hill Fellowship, for nearly a quarter of a century. Today the incidence of indictable offences was on the increase. Reference to the statistics for 1948 showed that more than half of the indictable offences committed in that year had been committed by persons under twenty-one years of age. The great body of opinion in this hall, by their experience, would agree that the problem-child and the problem-adolescent was, more often than not, a result of the problem-parent.

It was impossible for the incidence of crime to be decreased, or for greater stability in the mental health and outlook of fifty million people of this country to be obtained, if, because of our economic circumstances and because of the necessity of producing goods for export, this or any other Government continued to encourage married women into industry. That was presumably the main point which Prof. MacCalman had in mind when he spoke of the necessity of the country, and particularly the people engaged in mental health, pressing at all times and in all places for first a greater degree of responsibility on the part of men and women who were parents towards their children. In these days it was not sufficient to expect young parents to bring up their children successfully and intelligently without a degree of study and labour. An approach to this problem was only just beginning to be made, but it was a problem which members of this Conference might pursue with great advantage in their own localities and districts.

Lord Feversham also referred to the question of leisure. He entirely disagreed with Dr. Morgan that, because there were some in days gone by who had misused leisure, there could now be more permitted to perpetuate the misuse of leisure. One only had to see the hundreds and thousands of people who interpreted their leisure powers by going to unproductive sources of entertainment, to realise that a great advance needed to be made in that particular direction. Prof. MacCalman's reference to the vital importance of research could well be applied to the kind of physical and mental well-being activities upon which all sections of the community could engage during the greater number of leisure-hours which it was hoped, and intended, that more people should enjoy.

In conclusion, Lord Feversham said he thought it essential to continue to press on every occasion, that the fundamental and real need underlying much of the practical and daily work under the heading of Mental Health should be directed towards attaining parents who would give greater stability to the next generation, so that many of the national and international points, which Prof. MacCalman had so rightly and clearly brought before the Conference, could at least be interpreted and understood by a larger number of people who would be regarded as responsible citizens of this country.

Mrs. Eva Lewis (Exeter Education Committee, Child Guidance Clinic) took up the point of the increasing burdens placed on women. The present century had made increasing demands on women to contribute to the community, not only as citizens, but by developing extra-personal gifts beyond those of being home-makers and bearers of children, and this pressure was one of the causes of neuroses and maladjustments amongst children. It was necessary that the woman should develop as a whole personality and not only on one side or the other. It was not sufficient just to try to keep women out of industry, though that would be a great help, but the problem was two-fold—educational and social—and the question of leisure arose here.

In Child Guidance work one continually heard from the mothers, " I used to do this, or that," and they were no longer able to do those things because of the pressure of household cares; hence they became frustrated, and had an untapped pool of aggression within themselves, which made difficulties in the home and led to neuroses and maladjustments in the children.

There were, therefore, two needs : that educationalists should try to discover the talents and gifts in individuals by which they could complete and fulfil their personalities, and that the community should not, as at present, force on women the terrible choice of marriage or a career, so that if they married they had to give up something which they might have been able to contribute to the community, and certainly to the mental health of the community.

Dr. J. Stevenson Logan (Southend-on-Sea County Borough Local Health Authority) developed two points emerging from Miss Brown's paper.

Firstly, he hoped that psychiatric social workers would heed what Miss Brown had said about the work of the duly authorised officer. Until the psychiatric social workers were prepared to accept responsibility as authorised officers, the integrated mental health service which it was hoped to provide could not be achieved. While we had the psychiatric social worker with her university background, and the authorised officer with his training of an entirely different character, it would be difficult to secure integration, but it would help if the psychiatric social worker undertook some work as a duly authorised officer.

Secondly, as a working Medical Officer of Health, Dr. Logan had been discouraged by the attitude of some of the medical profession toward the problems of securing institutionalisation. They did not appear fully to comprehend what mental hospitals could now offer, and some were indisposed to play their proper part in securing mental hospital treatment for their patients. The National Association for Mental Health could do something to break down the reluctance of many of the medical profession to associate themselves with those essential preliminaries to hospitalisation, namely, certification and forcible removal.

Dr. Logan suggested that, where the Medical Officer of Health was appointed as chief authorised officer, he was in a position to integrate the work of the various officers now in the mental health service.

Many mental hospitals had very good psychiatric social workers, and a good after-care service for the former in-patient. On the other hand, local authorities were often without previous experience in this work. If the local health authorities built up a suitable after-care service, their colleagues in psychiatric service would use it, but they had to prove the worth of what they proposed to provide and would have to accept other people's assessment of what they did. One very useful beginning was for the local health authority to provide an after-care service for the out-patient who never had been institutionalised.

Councillor R. P. Braund (Norwich City Council) said that as Chairman of a Mental Health Sub-Committee he was naturally much concerned in dealing with cases of mental disorder and mental illness, and if Mental Health Sub-Committees could lower the number of admissions to mental hospitals, they would be achieving something of public and national importance. But they could only deal with mental disorder and illness if they were given the professional people to carry out that work, and the work should not be started until they had trained teams. Months were going by and local authorities were still finding it extremely difficult to get psychiatrists, psychiatric social workers and social workers. Miss Brown had mentioned some of the reasons for that shortage, but the Ministry of Health and the National Association for Mental Health should press forward a strong campaign for the training of psychiatric social workers if the Mental Health Sub-Committees were to do their job properly. So far only three Courses were available—in London, Manchester and Edinburgh—and the output was about fifty trained people per annum, which was far below the demand. This would lead to a thoroughly unsound principle, i.e., local authorities outbidding each other for the services of these psychiatric social workers. He urged that the Association should do everything possible to get more courses started and to try and make the conditions of entry, qualifications and rates of pay, sufficiently satisfactory to induce women to enter that field of employment.

The Committee which had been set up by the Ministry of Health to consider the matter of the training of psychiatric social workers, was shortly to produce an Interim Report; but that Report might not appear for six or nine months and then some other Committee would have to consider it before it was adopted; so every effort should be made in the meantime to get more courses started.

Professor MacCalman: I feel very pleased with the discussion we have had this morning, as I have been successful in at least stimulating some controversy, and that should be the primary duty of every speaker.

I am glad that what I have said in my paper has aroused certain feelings amongst you, because, unless there are feelings, nothing will ever be done. I should have been sorry if you had all gone away agreeing with every word I said. At the same time, I think that when some of you have had an opportunity of reading quietly what I perhaps said so badly, you will find that your ideas and mine are not so very far apart.

Take, for example, this question of women, which seems to have aroused considerable feeling, and it is only right that it should do so : I did not intend to imply in any way that women had had an easy time in the past. I probably know as well as any of you what a burden some women have had to bear, in their families and in the support of their families, in the past. I am as eager as anyone here that this material burden should be lightened; but what I was very eager to say, too, was this : that even though you lighten the material burdens, you have not solved the problems of the human heart. We cannot content ourselves merely by making everything right materially; we must go on and deal with some of the deeper and the more difficult problems.

The same is true of leisure. I think that leisure is a very good thing and all should have it. I think that not enough leisure was given to people in the past. But I also know that, just as you have to be trained for work, so you have to be trained for leisure, and I am sure, and many of my colleagues are sure, that the problem of leisure is going to be a very great one in the future.

I was much impressed with what Dr. Sessions Hodge had to say, but, here again, when I said that money should be poured out in large amounts for research, I had not so much in mind vast programmes of research, but that everybody who has a mind or an inclination towards research should have the opportunity of doing it under more favourable circumstances than have been given to research workers in the past. Because research is a peculiar thing. It is highly individual, and I think when you get somebody with this precious gift of being able to do research, then he should be encouraged to the hilt and not burdened with routine duties.

THURSDAY, MARCH 17th

AFTERNOON SESSION

Chairman:
Prof. A. N. Shimmin, M.A.
(*Professor of Social Science, University of Leeds.*)

FIRST EXPERIENCES OF RECENT SOCIAL LEGISLATION AND IMPLICATIONS FOR MENTAL HEALTH

(b) The Children Act, 1948

Miss Peggie Armstrong
(*Children's Officer, East Suffolk County Council*)

I feel it is a great honour to have the opportunity of speaking at this Conference, and of sharing with so many of you the experience which I have gained during sixteen months' work as a Children's Officer in East Suffolk.

The Children Act became law in July, 1948, following the recommendations of the Curtis Report, and brought all classes of deprived children, formerly the responsibility of three committees, under the care of one single committee of the local authority. When I took up my duties in November, 1947, I found that there were records of some 270 children who, for one reason or another, were not able to live with their own parents. Of these, 130 were in homes and 50 boarded out by the local authority, and, by the courtesy of the three committees concerned, I was able to make a survey of the needs and facilities in the area. On the whole the children were found to be well cared for, and a considerable amount of time and trouble had been expended in planning for their future at a time when the problem of the deprived child had no large social significance. There were remarkably few badly placed foster children, but little attempt had been made to keep families together, and brothers and sisters were found to have had no contact with each other for some years and in some cases were even unaware of each other's existence. There was also one case in which a mother who had been imprisoned for neglect of her children was being overburdened by a maintenance rate imposed by two committees, each assessment having been made irrespective of the other.

After July, when a Children's Officer was appointed, a Department, consisting of the Children's Officer, three assistants to do the visiting, one administrative assistant, two clerks, and three shorthand-typists, became responsible for the administrative duties under the Act and for the welfare of the children. The present policy is to bring the Department and the Committee fully in touch with the lives of the children and the families whom they serve, so that, as good parents, they can consider individual differences and preserve small family units and devise a framework which will give each individual opportunity for freedom and growth. I am conscious that I am speaking from a comparatively small area, and that to achieve this within the rigid framework of local government in areas serving 1,000 and 2,000 children will require unusual skill and humanity. Nevertheless, by increasing decentralisation, the use of local area committees and the appointment of trained social workers, it should be possible to achieve this aim, for without it the whole of this Act might well become a dead letter.

In telling you something of the work which is being done, I propose giving a description of certain characteristic groups of cases requiring special consideration, discussing different types of care with particular reference to boarding out, telling you something of the experience which has been gained in child life protection and giving a final description of two problem families.

Certain characteristic groups of children will be common to most areas. There are children with tragic backgrounds who present no specific problem. Billy, the child of a woman who is certified for secondary mental deficiency, has been under care since birth. He developed normally, showing a good deal of interest and vitality and made satisfactory contacts with adults. He is a good looking, lovable, placid little boy with every chance of ordinary growth under most circumstances.

Then there are a number of children who come under care following experiences which have been damaging. David, aged seven, was cared for during the first four years of his life by a mother who gradually developed a severe mental illness with ideas of persecution and who was erratic and cruel. He appeared to adjust in a Children's Home, was not noticeably disturbed, and on the surface he was responsive. Following placement in two foster homes, however, the association with his own background brought about gradually developing symptoms of crying, grimacing, use of deplorable language and constant talk of his mother and of her treatment of him. He was unable to place any sustained trust or affection in any adult.

There are illegitimate children, possessing a variety of difficulty in their backgrounds, who go through life with the additional burden of social stigma. Kathleen, now aged 26, was the unwanted child of a highly respectable single woman who later married and had a family. The girl was brought up by her grandmother who was deeply ashamed of her. She now recalls that she experienced an uneasy sense of guilt connected with her past which she could not understand: "I would have given anything for the love of my mother." As she grew up, her outbursts of temper grew more uncontrollable, she had no satisfactory contact with any adult and she finally drifted into phantasy, planning several fictitious weddings for herself down to the last detail. Ultimately she produced three illegitimate children.

Then there are children with a strong bond of affection for parents from whom they have had to be removed, and who suffer an indescribable sense of loss and emptiness and are sometimes cold and apathetic, and sometimes antagonistic and defiant. Jean was committed to the care of the local authority under the Children and Young Persons Act from deplorable home circumstances. The mother had no control over the eldest daughters, all of whom were promiscuous. Jean is devoted to her mother. She is resentful of removal from home and obstinately refuses to make intimate personal contact with any adult. Sheila, removed from a hopelessly immoral mother, after six months in a Home still puts all her pocket money and her sweets into a box "to take home to mother when I go home when I am 18."

Then there are the dull and defective children of weak-minded, ineffective parents. Often such children, over and above their childishness and lack of judgment, display inherited defects and poor physique. Kathleen is a congenital syphilitic. She has an I.Q. of 68, is physically very unattractive but kind, very retiring, shy and craving for affection. She was refused a godmother on account of her looks and rejected by a foster home. Jimmy, who has no knowledge of his own parents, is deeply resentful. He has been exploited by his landlady and an employer. He has strong feelings, but, owing to his poor intelligence, finds it impossible to control them and is constantly in trouble.

The problems which stand out in these groups belong to every minority: insecurity, fear, brittle self-respect, bitterness because of their rejection and difference. From those who have grown up we learn much of their feelings towards the problem of homelessness. A W.A.A.F., without parents, displays photographs of people completely unknown to her to the other girls, representing them as her own relatives. A married woman brought up in a Home all her life recalls that every morning for some years she used to say to herself : " I wonder if a new mother or father will come for me today." A boy of 10, rejected by mother, aunt and two foster homes, answers the query: "Which of your aunties did you like best?" by the reply—"Auntie Doris, because she didn't say to me, 'If you don't behave better, I shan't be able to keep you'."

It is now the duty of the local authority under the Children Act to provide for the children under their care by boarding them out, except in those cases where, for the time being, it is neither practicable nor desirable to do so. In East Suffolk we now have 130 children boarded out by the local authority. With this tremendous impetus to fostering, it is worth-while pointing out the dangers which can arise and to emphasize that the assessment of a foster home for an individual child, and the powers of observation required to ascertain whether the child is really happy and free to develop, is a most highly skilled, intuitive and extremely difficult task. The tragedy of Dennis O'Neill has its counterpart in hundreds of foster children for whom prolonged, dull unhappiness can be exceedingly damaging. Not long ago I had contact with a young man of 30 who had been brought up in a country home by rigid, Victorian foster parents. He was beaten by a much older foster brother and made the family drudge. Yet by periodic kindness and covert references to the worse fate from which they had saved him, they tied him to them with a morbid sense of obligation. Their attitude, and his complete inability to free himself from their influence, wrecked his marriage, and for six years they induced him to leave his only son in their care. When eventually reports of the cruelty going on in that home forced the local authority to induce him to remove his son, his conflict of mind was terrible to see. When asked whether he would be willing for his boy to be re-boarded out after observation, he replied that he thought it would be safer if his son remained in a Children's Home for the remainder of his school life.

Nevertheless, a carefully chosen foster home does, in the majority of cases, give greater opportunity for development and happiness. A number of the more normal children presenting no special problem can settle happily into any one of a number of foster homes. Love at first sight is quite common in these cases—they have their counterpart in the experience of evacuation where numbers of deprived children placed haphazardly ultimately found their own level and became part of the family. With controlled placing there should be even less wastage in this normal group, but in every case boarding out should be a gradual process. Preparation can consist of a tea-party, week-end visit or holiday, to see whether the foster parent and child can fit in together and derive mutual benefit. Observing a number of the younger children as they settle into family life and become gradually attached to their foster parents, we have come to the conclusion that a substitute home does satisfy a deeply instinctive need. Several of the children have shown fear that this newly-found happiness is going to be snatched from them, since many of them can remember the tragedies of desertion or the break-up of their own homes. One small boy of four could not bear a door to be shut between himself and his foster mother for the first few weeks of boarding out, and constantly cried to her in the night, "Is you still there, Mummy?" After many weeks, when the patience and understanding of herself and her husband had overcome this habit of apprehension, he expressed his growing security by a deep sigh and the words: "I had to come a long way to find my Daddy." It must be remembered, however, that the success of a foster home does depend on the satisfaction of a mutual need. It is not possible for ordinary foster parents to be tolerant of difficult and unusual behaviour for a prolonged period. They find lack of response to the love which they are prepared to offer very hurtful. In the small families, the behaviour of a foster child will often stand out, with the consequent result that too much attention is directed to it and all sorts of vague fears as to background may wreck the placement. Some criticism can be made of the present boarding out regulations which state that a child must not be boarded out where there are more than four other children, except with the consent of the Secretary of State. In fact, the parents of the larger families or the foster parent who, through sheer love of children as children, can care for five, six or even seven, are often more tolerant of individual differences and far more understanding of problems of growth.

The wide powers conferred by Section 1 of the Children Act make it possible to help a far greater number of illegitimate children for whom ordinary boarding out, with or without a view to adoption, can in most cases prove very successful and provides the absorption into normal family life which is vital. Many of these illegitimate children have in the past been handed over by their parents to the first person who could be found to care for them, with no preparation and often with disastrous results. Mrs. Smith, who had two illegitimate children and then an offer of marriage, found herself facing the problem of parting with her eldest illegitimate child or losing the hope of marriage. She heard privately of a family 200 miles away wishing to adopt a child, and without preparing her, took the journey, left her, and returned home. The child screamed for two days and the mother had to fetch her back again. The child's insecurity expressed itself in pitiful requests at bed-time, " Don't let no ladies come for me to-night."

Boarding-out should be arranged for children who have no knowledge of their own parents or who are unlikely ever to have a home of their own. It is vital to keep brothers and sisters together or at least in touch, to trace all possible relatives who may be a support and to give them some knowledge of their backgrounds, teaching them gradually to accept the facts as part of experience. In this connection, and with the co-operation of the Medical Superintendent of the Royal Eastern Counties Institution, we have started boarding out certain children of certified high grade defective women near to the Institution so that the mothers can pay regular but controlled visits under the friendly supervision of the Welfare Department. The Superintendent has also in mind the establishment of a hostel in which high grade certified defectives could nurse and care for their own babies during the first year, and from which the children could later be boarded out but still remain in touch. Time and again we find our young people disturbed by the mystery which surrounds their origin, or shocked when they learn late in life distressing facts relating to their parentage. Few things are so terrible that they cannot be accepted if there is support and help during the period of adjustment, and lack of knowledge of anyone who belongs to care for, cherish or even grieve over, can be productive of great emptiness.

In any ordinary foster home placement it is as well to remember that even well placed foster children have their times of loneliness and insecurity. Here a good visitor can sometimes help very much. We have also found value in parcels sent by Canadian Scouts to foster children containing presents of foodstuffs which the child can give away himself. The finding of some reasonably stable relative who is the child's own is in some cases also of great value. The criterion seems to be that they should have something of their own, apart from those things often so willingly shared by the foster family, to counter-balance the sense of their own loss.

Children so damaged by the circumstances of their lives that they cannot respond to affection for a long time, often cannot adjust to an ordinary foster home. Others who love one or other parent from whom they have had to be removed, reject affection from strangers or the offer of another home as an implied slight. Jean, loving deeply a mother with whom she could no longer live, turned away her head and refused to answer when offered a foster home. Two boys of 15, with no knowledge of their parents, found foster homes, in which there were happy family relationships, quite unbearable, although much love was given to them, because of the desperate sense of loss that this awoke in them. "Take me back to Mrs. Smith of Weybread," one wrote. (This was a lady with whom we knew he had been so desperately unhappy.) Or "Let me see MY FATHER. Please be quick. P.T.O. Please be quick."

It would seem then that some half-way house is necessary for a child who has gone through damaging experiences. A Home in which there are as many as 20 other children cannot provide the individual attention necessary if real help is to be given. The staff seldom have leisure enough to be aware when a problem preoccupying a child's mind needs wise handling and talking out. It is clear that Homes need to be smaller. We need more Homes suitable for children of widely differing needs, and we need small Homes where the dull or educationally subnormal children can have love and skilled help. Much improvement should result from the training of staff of Children's Homes, and there are now five centres undertaking such training under the guidance and with the financial support of the Home Office. Besides these, however, it would seem that there is a strong case for paid foster parents. This was visualised in the Curtis Report, but has not as yet any formal Home Office consent nor has it been tried. Women, needing to earn their living and who love children, might be found willing to open their homes to small families, or to one or two children needing special help, and receive payment for them. This would provide what is sometimes the very healing detachment of a Children's Home without the danger of individual problems being swamped or overlooked. Ordinary foster parents will seldom tolerate visits from parents or relatives. Where there is any bond of affection between parent and child, however socially inadequate that parent may be, contact must be maintained. Undoubtedly in the old days, when less discretionary power was used, the breaking of all intimate relationships with a parent was like a jagged tear. Court procedure often still leaves much to be desired: one girl of 13, passionately fond of a dirty and immoral mother, flew at a Magistrate who made a slighting remark about the mother in her presence. This taking of children from parents when it has to be done ought to be a more gradual process with opportunity for contact in controlled situations. Minds can become accustomed to change and separation, and time heals grief which is normally expended. The sudden loss of love which was given and received often results in apathy, coldness and complete inability to make any emotional response. The paid foster mother, undertaking a job of work and able to see a parent's viewpoint, will be far more likely to tolerate visits which from their very nature are bound to be disturbing but which are vital to mental health. It is worthwhile noting in this connection that emphasis is placed in the Children Act on the re-establishment of home life where this is desirable, and that neither resolution of adoption nor a Court Order can prevent this if it is in the interests of the children concerned.

In any provision for the deprived child, we should bear in mind characteristics which it is healthy to encourage. "The future of England," said one of my visitors, "depends on whether we are able to produce disobedient children." If this is too sweeping, it is certain that we should try to encourage children to think for themselves, to have a sane sense of their own failings and their own achievements and to be able to stand up for a principle if necessary. The present system of large homes, which are the rule with a number of local authorities, is apt to encourage timidity on the one hand and aggressiveness and defiance, whatever the situation, on the other. The problem of providing substitute homes, which will give all classes of children such healing that they can accept the circumstances of their lives and develop a true sense of value and of security, is no easy one.

Turning from consideration of these children received or taken into care by the local authority, the Children Act gives wider and more far-reaching powers in respect of those children privately placed out by their parents for reward. In East Suffolk we know of 100 such children who are in foster homes. Among those children are to be found some of the greatest tragedies in all classes of the deprived and homeless. These are largely the unwanted children of the middle-classes who put away their children and choose the placement which offers greatest concealment. Using foster homes, many of them wait until foster parents have become devotedly attached to the child and then, after defaulting in payments, threaten withdrawal or quietly disappear.

The need of these parents for concealment and for more or less permanent relief from their burden, has thrown open the door to a number of disreputable private schools which cater admirably for this type of clientèle. In the past, inspection under the Education Act has not been possible and visiting from the Public Health Department has been limited to children up to the age of nine years. Now that it is possible for all private schools to be inspected, and now that premises in which children are received for reward up to the ages of 16 and 18 are to be visited under the Children Act, there should be some relief for the unwanted children of the better classes. Inspecting one such school recently, it was found that three children of high intelligence and of professional parentage lived in dirt and squalor with two low-grade defectives who were doubly incontinent, three Mongolian imbeciles and one feeble-minded girl of 12. They all appeared terrified. Lessons were restricted to two hours' teaching a day, mainly catechism, and the news commentary. The intelligent children acted as household drudges and as nursemaids to the defectives, and were sent into hiding with the lowest grades when anybody called. Diet consisted very largely of bread and margarine, except for the mid-day meal. Contact with the outside world was limited to an outdoor walk at lunch time under supervision. A thirteen years old boy, recounting the routine, said that every day was the same, day in and day out. It remains to be seen whether the present set-up within the inevitable publicity of a local government office can contact and absorb these children. It is quite certain that there will have to be much greater decentralisation, and visitors must work under conditions in which professional reticence is possible. Above all, local authorities must be able to produce foster homes and small Homes suitable for the illegitimates or unwanted children of the educated classes, where confidences will be respected. Much as we may deplore the apparent unthinking cruelty and neglect of the parents who should know better, there are undoubtedly tragedies concealed here which, because of their social implications, are almost greater than those to be found among the working classes. If we fail to be made use of by this type of parent (and there would seem a grave risk that we may fail), the humane provisions of the Children Act may be evaded for one of the most needy classes of deprived children.

Lastly, any consideration of homeless children comes back to the problems of marriage and parenthood. " By planned parenthood," says Dr. Menninger, " I mean parenthood entered into willingly with adequate preparation for the strain and sacrifices it imposes, with sufficient means and equipment to give the child a healthy start in the world. It means, too, sufficient psychological maturity and understanding on the part of the parents." There will always be unwanted, neglected and abandoned children, but there could be fewer, and the problem must be met at its roots. There are still inadequate facilities for out-patient Psychiatric Clinics, and Marriage Guidance is as yet in its infancy. Much prejudice still exists against Mothers' Welfare Clinics and parents exhausted by contant childbearing either drift into apathy and squalor or desert. Mr. and Mrs. Smith were married when they were 19 and 20 respectively. This was a forced marriage because of pregnancy, and they were never happy. Mrs. Smith had three children in quick succession, and at one time had two children under a year old. After deserting once, she was brought back and had two more children. She deeply resented her pregnancies, particularly as her husband, who was immature and inconsiderate, turned more against her at these times. She deserted for good when she had five children, the youngest being four months old. She was hostile to all of them in turn, except to the fourth child whom she really loved and who is the only one without apparent nervous or neurotic symptoms. No professional help or understanding was given to these young people and the final break-up of the entire family has been complete.

Voluntary and statutory bodies should try to combine more effectively to re-establish family life after disaster or slow disintegration has temporarily robbed the children of a home. Mrs. Walker has had eight children. For years her husband was frequently out of work, food was scarce and she bore, fed, clothed and cared for her children at the expense of her own physical vitality and mental health. As the strain increased and she had no encouragement or help from anyone, her capacity for feeling died and one night she walked out of the house leaving her four youngest children shut up in a cellar without food or drink or warmth. The Magistrates sent her to prison and committed the children to the care of the local authority. Her eldest son, who loves her, can after three years still hardly bear to speak of her. He visits her every week, and when he is 15 he intends returning to her whatever the conditions. It costs the local authority over £4 a week to maintain that boy in a Children's Home. Put on its lowest level, that of pure finance, it would have been cheaper to have expended money on assisting Mrs. Walker earlier on; at its highest level, a great deal of unhappiness might have been avoided. When it was decided that we ought to board out the two youngest girls, she was asked whether she would be willing for them to attend Salvation Army meetings. She replied, "Yes, *they* help people."

The Children Act is the framework of a great piece of social reform, but it is only a framework. In the care and understanding of deprived children the really important people are the same as they have always been, namely the Matrons, the House Mothers, the foster parents and the foster brothers and sisters, all those in fact who have day to day contact with the children. It is on their wisdom and imagination and tenderness, their capacity for loving and quality of living, that the success or failure of this legislation will rest. On the central and local administration falls the responsibility of choice and of inspiration; on them the opportunity of providing a workable and elastic system in which administrators, clerical staff, social workers, staff of Homes and foster parents can meet on a common ground for a common aim. Policy should be formulated only after a conscious attempt has been made by all those concerned to imagine and to perceive how individuals feel. "This is an art," writes Dr. Menninger; "perhaps it is the basic art of love."

In conclusion, a prayer of the Court Physician written in 1180 A.D. might well be taken as a guide for all those of us who bear the heavy responsibilities incurred under this new legislation :—

Preserve
The strength of my body and of my soul
So that I may be imperturbably ready to help
The rich and the poor
The good and the bad
The enemy and the friend.
May never arise in me the notion that I know enough.
Give me strength and leisure and zeal to enlarge
My knowledge and to attain ever to more.
Our art is great and the mind of man presses ever forward.
All God
Thou hast chosen me in Thy grace to watch over
The life and death of Thy creatures.
I am about to go to my labour.
Be with me in this great work so that I may avail,
For without Thy help nothing succeeds, not even the smallest.

DISCUSSION

Mrs. Margaret Skelton (Vice-Chairman, Gloucester Children's Committee) : May I first say how conscious I am of the honour of being asked to open this discussion here this afternoon; and may I be permitted to congratulate Miss Armstrong on the excellence of her paper. It surely augurs well for the future of this all-embracing piece of legislation, that persons of the calibre of Miss Armstrong should be giving of their very high best in these difficult initial stages.

I would just mention in passing that my invitation was coupled with a strict instruction to confine my remarks to five minutes, which was probably very wise. The poet Blake has said : " To see a world in a grain of sand . . . and eternity in an hour." This is no doubt true, but adequately to develop any of the points in Miss Armstrong's paper in the space of five minutes would be to attempt the impossible. I shall therefore try to describe one of our problems and to support one of Miss Armstrong's suggestions.

In Gloucestershire we have nearly 650 children under the care of the Children's Committee and of those, nearly 200 are in Homes and Nurseries, and one of our most difficult problems is how to cope with mentally defective children awaiting admission elsewhere. They completely upset the even tenor of a well-run Home and create chaos in a Home where management is not too efficient. There is no staff available in the ordinary Children's Home with either the time or the training to deal with these children adequately. They should be in special schools or institutions, for only there can they get the treatment necessary to make the best use of their limited abilities, and the normal children in the Homes will benefit by their absence.

Accommodation in these institutions is completely inadequate, and anything that the Home Office can do to increase this accommodation, and anything that the National Association can do to stress that point effectively, will be of the greatest help to Children's Officers everywhere. Further than that, the handicapped child will be given the care to which it is entitled.

The point in Miss Armstrong's paper that I would like to emphasise is the case for the paid foster-mother, the specialist who will take difficult cases. We have in my county a trained nurse who will take difficult and delicate children into her own home. At the moment she has a very delicate baby, a little girl of six who was committed to the care of the Children's Committee as a result of some very unsavoury Police Court proceedings, and another little girl whose late foster-mother could not maintain our standards. These children are getting the individual love and care which it would be difficult to find in a Home of twenty to thirty children. But the number of suitable people able to do this sort of work on a semi-voluntary basis is negligible. Wives who, through force of circumstances, have to undertake some remunerative work might be willing to come forward. This is only a suggestion and I hope that somebody might enlarge on it or criticise it in discussion.

I will conclude on a personal note. Children's work is not ordinary committee work, and the more one becomes associated with it, the more abundant problems one meets. We are not dealing with routine matters but human beings, all of whom have to be dealt with as individuals. I used to think it was easy to help a child back to normality after an experience of neglect and ill-treatment. Now I am beginning to realise how very permanent that damage can be. It is one of the many features which needs the most careful study, and I am sure from what we have already heard that the discussion which will follow will be of the greatest assistance to those people responsible for the administration of the Children Act.

Dr. S. Wyndham Davies (County Psychiatrist, Cornwall) said that great difficulties were being experienced by those engaged in mental health work in areas at great distances from London. In Cornwall the problem of obtaining staff was a depressing one; they had been reduced to bargaining with prospective candidates and, in addition to that, had to compete with salaries paid to workers in other social fields, such as Boarding-

Out Officers, who were paid at a much better rate than mental health workers.

Even worse than this was the fact that the National Association, which had done such wonderful work in the past in all parts of England and Wales, would be closing down some of its Regional Offices, which would mean that in the South-Western area of England there would be no workers from the National Association left in the field, and the area would be left to its own resources. It was true that voluntary associations were necessarily pioneer and at some time or other must withdraw, but that time had not yet come, and in Cornwall such withdrawal would be greatly regretted, and local mental health would suffer.

Accommodation for mental defectives presented another great difficulty. While the Local Health Authority received every possible help from the Regional Hospital Board and the Institutions concerned, it found itself daily up against the problem of shortage of accommodation. Under the National Health Service Act the mental defective was placed under two separate bodies. In the Institution he came under the Regional Hospital Board, but before he went there, and after he returned to the community, he came under the care of the local authority. That was a point which should receive consideration. The previous speaker had referred to the tragic circumstances in which mentally defective children had to be mixed up with other children. If only the Local Health Authority had control, or even had its own places of safety, it could at least take the more urgent cases, whereas at present large sums of money were spent in trying to find vacancies which really did not exist.

Dr. Wyndham Davies strongly supported the suggestion made by Prof. MacCalman that, more and more, as one studied psychiatric problems, one found that what must be solved sooner or later was the problem of the individual in the group. In England and Wales were groups of people who would richly repay research and study; for instance, in Cornwall a history could be written of people who lived surrounded by the sea and who were always on the defensive. Sociologically it had been said that one of the characteristics of modern development was association in groups, and, as pointed out by Lord Russell in a recent broadcast, one found internal cohesion within the group and aggressive tendencies directed to everybody outside the group. An example of that would seem to be found in the case of local authorities today for, whenever they received a memorandum from Whitehall, they regarded it as a missile, and it aroused their aggression and made them more cohesive and more united. Study of the relationship of the individual within the various groups to the people outside was a matter of urgency.

Dr. Leslie Housden (Hampshire Education Committee) said that other speakers had stressed the effect of the home and parental influence on the mental health of the nation. He wished to bring forward a matter of principle on the general priority. Up to now, efforts to improve the home as a centre of mental health had largely failed, as was shown by the alarming increase in juvenile delinquency. It was impossible to change the mental attitude of established parents on a scale wide enough to affect the sum total of mental ill-health in the country. The only practical step was to concentrate on the rising generation, who, before many years had passed, would be the mothers and fathers of the nation's children. If those concerned in mental health concentrated on giving the young people higher ideas of parental responsibility, this would do something to improve the general standard of our homes throughout the country. He urged that whatever work was done, from whatever angle, be it Child Guidance, Marriage Guidance, Children's Officers, it should be regarded as being something to help the next generation of parents, so that an entirely new generation might be produced with higher ideas who would bring up their own children better than the present generation.

Councillor Mrs. E. I. Cowan (Lincoln City Council) put forward a plea for the cause of the tubercular ex-Service man and woman. Although these people were physically well cared for in hospital and after they returned to the community, they presented a grave psychological problem in that they were frequently unable to follow their former occupations. They had some occupational therapy; for example, the men were taught to make rugs, but it was tragic to see young men who had been strong and virile just sitting at home and making rugs. Mrs. Cowan hoped that some kind of club might be established for them, but she appealed for anything which could be done to lighten their lot and to help them.

Miss Sibyl Clement Brown (Home Office, Secretary, Central Training Council in Child Care) gave some details of the training courses for men and women to help in the supervision of children under the new Children's Services.

The Curtis Committee considered that the most urgent problem was the quality of personal care the children received from those who were looking after them. They had issued an Interim Report on the subject of training. Within 18 months of the publication of that Report, the Central Training Council in Child Care had been set up and was responsible, with the co-operation of the universities and the local authorities, for starting two types of training to help to equip men and women for that work.

One type was for social workers who were to be concerned with children brought up in the community in foster-homes or considered for adoption; the other type was for the men and women who were going to look after small " families " of boys and girls of various ages which it was hoped would increasingly be found within, or in place of, the larger institutions. These training courses for staffs of Children's Homes, which would enable them to qualify for the National Certificate, were being carried out by local authorities in the Technical Colleges and by some of the voluntary organisations whose own pioneer training had the recognition of the Central Training Council.

The Central Training Council were most anxious for the very best candidates to come forward for both types of training, because they felt that the whole future development of children's care was going to depend upon the human beings who entered those services. The Council also had in mind the needs of the men and women who had already had many years of experience in their own field, but had not had the opportunity of taking the full training as now established, and a number of short Refresher Courses were being run for members of the staff of Children's Homes. One such course was running now near Manchester, and there would be several others during the next twelve months, including one organised by the National Association for Mental Health. The groups of students taking these courses had been found to be most enthusiastic.

Miss Clement Brown referred to the prayer of the Court Physician quoted by Miss Armstrong: "May there never arise in me the notion that I know enough." She thought this would be a very good motto for the training courses now being established in the Children's Services.

Mrs. R. Hacker (Letchworth) paid tribute, as an ordinary housewife, to the help she had been given by experts of the National Association and its previous constituent bodies both in home duties and in voluntary social work. She had been much impressed by the speeches she had heard at this Conference: society owed a tremendous debt to all those mental health workers who were assuming the enormous burdens left behind by parents who had rejected their duties.

The need for research had been emphasised, and it could not be stressed too highly. Why were father and mother substitutes needed today? Because motherhood and wifehood were assumed to be a burden, and the more highly qualified and developed the woman, the more she tended to reject her motherhood. In the Marriage Guidance movement there was an enormous opportunity for research into this important problem. Here was the opportunity to train the young parents of the future, and to find out why it was that so many young men and women, setting out with high hopes, found the marriage relationship thoroughly unsatisfactory and disappointing. There was much talk about motherhood, but there was a great need to talk about fatherhood too; and it must be remembered that no-one could be a good parent who was not first a good wife or a good husband. Often it was the sexual relationship which was found to be at the root of the difficulties. Without psychiatric help the people in the Marriage Guidance movement could not do their work, which had really developed as a sort of child of the Mental Health movement. Finance for this work was urgently needed. The Government had only made a grant for the training of counsellors, but the setting up and running of Marriage Guidance Departments devolved upon local authorities, and it was to their initiative and enterprise that the Movement had to look for its development.

Miss Ann Medley (Children's Officer, Gloucestershire County Council) referred to the point made by Prof. MacCalman of the danger of " over-protection " of the State. All who had had any part in the administration of any of the Acts of the new social legislation would agree that this danger had shown itself, in the past eight months, to be a very real one. The responsibilities of parents were gradually being removed from them, and it was up to all who had a part in the administration of this recent legislation, especially the Children Act, to impress upon parents their grave responsibility and so prevent the increase in numbers of " deprived " children.

Miss Medley also referred to points raised by Miss Armstrong. First, the problem of children who had a strong bond of affection for the parents from whom they had to be removed. Often the parents, after a most harrowing scene in Court, were sent to prison, and the Children's Officer was confronted with sometimes four or five children of that family for whom she had to provide a substitute for a normal home life. Frequently in such families was an older girl who had acted as the young mother, and who felt most acutely the disgrace brought upon the family and realised to the full what the separation, possibly for years, was going to mean to her and, above all, to the parents. This problem was one of the most difficult which had to be faced, and the accommodation of such children in Children's Homes was no solution.

This led to the next point, the numbers of children in Children's Homes who were far from normal. There was now a whole class of children who, through being in institutions of one sort or another from the age of two or three up to fifteen, were no longer able to adjust themselves to a normal life. It was often impossible to find suitable foster homes for those children, and very difficult to find them satisfactory employment because they had become so mentally deranged.

Mr. J. B. Priestley, in his foreword to "The Neglected Child," said that it was up to us all to see that we "Begin at the Beginning," and those words could well be applied to the deprived child.

Dr. C. O. Stallybrass (Liverpool Regional Hospital Board) said the Conference had heard many aspects of difficult personality and its results. Where was personality built up? In the home, and not in the Institution if it could be avoided. So one came back always to home life as the basis of building up personality with security and with adaptation to social existence. Over and over again one heard the same story—that it was the breakdown of married life which led to the breakdown of the individual child's personality. Unhappy marriages imposed a penalty upon those concerned; they imposed a heavier penalty in all ways upon the children, who never failed to pay the price. So, in the long run, one always came back to: "What can we do to build up the personality?" "What can we do to build up happy homes?" "What can we do to make marriage a success?"

The great majority of young people entered into marriage wishing to make a success of it; nearly every mother wished to be a good mother. Could something not be done, before the breakdown occurred, to advise those who were going to undertake this responsibility? Those who had the teaching of youth in our schools could do nothing better than to teach responsibility, and more particularly to educate for the responsibilities of marriage. There were those who were willing to undertake this difficult and responsible task, and who were building up Marriage Guidance Clinics and Councils throughout the land. It was to be hoped that all representatives of local authorities, when asked to support such a body, and more particularly its educational aspects which were not going to be subsidised except through local authorities, would remember that there were few things more important than to try to build up happy marriages.

When it came to the young mother, there were illimitable opportunities for instructing her in the Maternity and Child Welfare Clinics. Were all mothers made to realise that it was the child who paid the penalty? Was it known to parents that if they were outwardly at conflict in front of their children, that in itself provided one of the most fruitful sources from which juvenile delinquents were derived? Thus a vicious circle existed. Every effort should be made to improve these things through the two means of the Marriage Guidance and the Maternity and Child Welfare movements.

Councillor Dr. Z. P. Fernandez (Chairman, Leeds City Mental Health Sub-Committee) said there was no doubt that the present legislation was a form of revolution which might result in a reaction progress, or a stationary process. The unification of the mental side with the physical side could never be attained without the helpful co-ordination of the various bodies dealing with the problem. Some of these bodies, which had anticipated the difficulties and had suggested measures to the Regional Boards and to the Ministry, felt that their proposals had borne some fruit, in spite of difficulties. The Regional Boards were still at a disadvantage when they came to dealing with the mentally defective and with mental hospital patients.

Reference had been made to the difficulty of getting psychiatric social workers. In Leeds and other areas, it was considered that the present staffs could be brought up to scratch by post-graduate education, and it was found that they were now doing such work efficiently. Other areas needing new psychiatric social workers might find it to their advantage to re-group their old staff, with post-graduate study and training.

The main work of local authorities in future would be not so much the provision of social welfare workers but care work; in Leeds their policy was to embark on Care Centres, Education Centres, Recreation or Social Centres, Occupational Centres, etc.

In Leeds, where the previous Mental Health Committee had had to become a Sub-Committee of the Health Committee, a special medical officer in charge of that sub-Committee had been appointed. It was realised that the Medical Officer of Health was in a new field as far as the mental health side of the work was concerned, and the more he could delegate that side to a responsible officer the better. This experiment was proving very successful, and the idea was being taken up by other authorities.

The new Management Committees appeared to be too many and rather overcrowded with new members, and there was a certain amount of duplication of administrative work which could be avoided. This, however, would probably be overcome by persistence of public opinion.

The spiritual outlook should be emphasised, so far as the children were concerned, for we were living in a materialistic world and without the spiritual basis we could not progress as we should.

Mrs. P. J. Jacobson (Institute for the Scientific Treatment of Delinquency: Portman Clinic, London) said that it happened not infrequently that a boy or girl about the age of fifteen, who had had precisely the experience which had been outlined by Miss Medley, namely, that the complete family had come under the care of the local authority because of the break-up of their home, was brought to the Clinic by an Officer from the Children's Department of the local authority. This Officer invariably staggered under the weight of a huge dossier about the life of the child at various stages through its many changes, all recorded with the utmost care and conscientiousness and goodwill on the part of the authority. The child in question might be a girl, longing to get back to her mother, around whom she had built up fantasies. At the age of fifteen, that girl had developed a great many emotional difficulties, and had been brought to the Clinic for advice. But, at the age of fifteen, there was often no helpful recommendation which could be made consistent with administrative possibilities.

Mrs. Jacobson therefore wished to put before the Conference in her personal capacity certain observations and recommendations. She asked the Conference to remember that these cases were only the marginal failures. It was certain that many children placed with local authorities in the most difficult circumstances, and with very bad previous experience, did well and were no more heard of; but there was a big fringe of older persons of unsatisfactory adjustment, social, marital, etc., who probably began in that way. Therefore she would make the following recommendations :—

Firstly, that specialist psychological advice—which involved specialist psychiatric team work—should be sought at the first placement that the local authority had to make for a child who had been in difficulties because of the home being broken up. If that were done, not only would an enormous amount of personal suffering and social difficulties be avoided, but a great deal of rather fruitless work for such bodies as the Portman Clinic, and other mental health workers.

Secondly, in the case of the young boy or girl brought to the Clinic by the local authority, and in many other cases, psychiatric advice had frequently already been obtained from the special consultant of the local authority concerned, and the advice may have been admirable; but there was nobody whose job it was to see that, within administrative limits, this advice was, in fact, carried out, and therefore it had not been put into operation; sometimes, also the advice had been sought as a last resort rather than as a first resort.

Mrs. Jacobson therefore appealed to the members of the Conference to urge, in their own capacities, the need for specialist team advice at an early stage and the appointment of someone person whose job it would be to see that such advice as was obtained was carried out.

Councillor Tom Larrad, J.P. (Chairman, Manchester Health Committee) supported Miss Armstrong's request for small, scattered homes and recalled that his first experience of such a home was in Leicester, fifty years ago, when the Board of Guardians of those days took a small house and boarded in it about ten children with a foster-mother and father. Those children went to the same schools as any others, wore no uniform, and played in the streets and parks with other children. It was an attempt to solve the problem of the children who had no parents, and that principle had been established in Leicester, that such children should be boarded out. It was not easy to get foster-parents of the right type, and some children were extremely difficult to board out, but the aim was to board the children out in ordinary homes where they could be brought up as normally as possible. It had to be remembered, however, that even a small home could be an Institution if it were run on Institution lines.

It had been said that a child became a delinquent when it passed out of the hands of its parents, and there was some truth in that. It was in the family life that children should be taught the ordinary amenities of a civilisation for which they must be responsible. Anyone bringing up children, whether their own or confided to them under the Children Act, has a great responsibility. All who serve on local authorities, committees, etc., should realise that the care of children is not just a job to be done like any other, but that they must take real responsibility for every individual that comes into their care. That responsibility must be carried out just as though these children were their own children or grandchildren. There was no one way of solving the problem : different types of homes were suited to different types of children, and great care had to be taken in selecting the type of home to which the child should go, and particularly in selecting the foster-parents, because their responsibility was a very great one.

Councillor J. L. Swanston (Kirkcaldy Town Council) said that he looked upon a conference as a gathering where views, sometimes extreme, were expressed, and the whole balanced by a moderate, scientific outlook.

In the past, a man worked and slept; today he worked, had his leisure time, and slept. His period of sleep was the same as before, but his hours of work were restricted by Trade Unions and other factors, and his leisure period was correspondingly increasing. That leisure period was largely responsible for many of our troubles today, from juvenile delinquency to gambling and other factors, and that was where mental hygiene came in. Hygiene was the promotion and maintenance of the normal functioning of the body; mental hygiene was the promotion and maintenance of the normal functioning of the nervous part of the body—" nervous " being taken in two senses, physical and psychological, without considering the illness side of the question.

Looking into the future, one could see the period of leisure being divided up into two portions : leisure as such, and a period of time which was not the man's true working time, but would be utilised for preparing him for a second vocation or a supplementary training. The National Association for Mental Health should be very quick on the mark in regard to what would take place in the future in that connection. If a man's working hours were reduced, it was quite likely that, with economy of man-power such as it is, his leisure time would require to be controlled. One could not forecast what legislation might be passed on a man's leisure period, but the Association must be on the alert in watching that.

Dr. D. J. Salfield (Doncaster Education Committee) said he had been much impressed by Miss Armstrong's psychological insight. She had mentioned the diverse reactions of children to " unworthy " parents, and the considerable number who, in spite of ill-treatment or other disagreeable features, remained passionately attached to their parents, especially their mothers. He would like to expand this a little. We all had our childish parts; we remained children in part; we were all motivated by, and acted in accordance with, unconscious impulses. He instanced the case of a successful doctor who was shown by analysis to have become a doctor because, as a child of three, he had killed a canary and now had to make good; of a nurse who became a nurse because she was neglected as a child, and now nursed her own loveless childhood—which did not make her a worse nurse. All who had to deal with deprived children more likely than not acted on impulses that were anchored to their own childhood, and they tended to be rather cocksure and self-righteous in their judgments as to whether parents were satisfactory or not.

Therefore we had to consider seriously, not only intellectually but also emotionally, which was the greater evil—the so-called bad mother, or the removal of the child from a relationship which was almost mystic. In taking the latter course, we did not know exactly what we might be doing. In some cases where most people would say the children must be taken away, the families had been helped through psychiatric work to adjust and better themselves, and had actually made successful adjustments. Dr. Salfield would warn over-enthusiasts not to be too cocksure in drawing conclusions from appearances alone, and according to their own feelings of self-righteousness (conscious or unconscious) and conviction of what was good and what was bad.

Mr. Austin Cave (Bradford (B) Hospital Management Committee—Leeds Regional Hospital Board) regretted that so little had been said regarding the problem facing the people dealing with mental defectives, of which he had had more than thirty years of practical experience. Mental deficiency was the wreckage of our present-day situation, and we did not seem to be doing much to salvage it. Much had been said about psychiatric social workers. It took ten years to make a psychiatric social worker; they could not be turned out in six months. If that was attempted, the people who were engaged in whole time mental welfare work found they had to train the people who supposedly had been trained.

On the question of children remaining in Institutions with their mentally defective mothers, he was totally opposed to such a practice. The children of mentally deficient persons should be removed as soon as practicable from the influence of any Institution, and certainly from the influence and environment of an Institution for Mental Defectives. First impressions were gained in a child's early years.

As to social clubs in the after-care system, these tended to be just places where people suffering from certain disabilities would meet and discuss their disabilities. That would lead nowhere for a person suffering from mental illness who, if he attended a Club, should find himself amongst normal people who could lift him up, rather than amongst sub-normal people who would only make him more depressed.

Mr. Cave considered that the question of psychiatric social workers was being stressed too much. The psychiatric social worker had a long way to go before he or she was going to be of use to the community; at the present, we had arrived at the stage where a lot of the mistakes of the psychiatric social workers were having to be remedied by the people who had had many years of experience in mental welfare work.

Dr. Alfred Torrie (Hon. Brigadier, Medical Director, National Association for Mental Health) said he had been requested by the Association to answer one point raised by the delegate from Cornwall about psychiatric social workers. Whatever the last speaker had said, psychiatric social work was a useful new part of mental health work. These people might make their mistakes—who did not?—but nevertheless they did perform a vital function. They went right into the homes of the people, where illness begins, right to the root of the trouble. The Association had repeatedly made representations to the Ministry of Health that premature dismissal or withdrawal of the psychiatric social worker from the regions was unwise, for many authorities had said they were not ready themselves and asked the Association to carry on. All the Association's efforts to be allowed to retain these workers had proved fruitless: hence, Cornwall and other areas had to do without the skilled help which the Association could have given.

Dr. J. N. Matthews (Southport Mental Health Service) stressed one aspect of mental health work—namely, that it was essential that social workers, duly authorised officers, and all those connected with the work, should be professionally and socially acceptable to all classes of patients and their families. In the old days, the patients of the more monied classes had private doctors, consultant psychiatrists, well-trained, selected nurses, and as comfortable a place as possible. Now the monied classes were rapidly decreasing, and more and more the community would be helped by the National Health Service. It was essential that that help should be freely accessible. If the patient came to an advisory bureau, or whatever it might be called, as the first step in getting mental health aid, after the preliminaries in the office, the chief should be immediately accessible. There should not be too much delay at the beginning, and the staff should be of really good standard, otherwise the Service would not only fall into disrepute, but would never really establish itself in the public reputation. One sometimes tended to forget that the general population knew practically nothing of mental health work, and it was most important that the Service should be started with very good standards.

The Chairman: I think you will appreciate that the two main headings under which the discussion has proceeded are the need for extending the boundaries of our knowledge in matters affecting mental health, and the means of carrying out the new legislation.

A good deal has been said about the relationship between the individual and his environment, the problem of what he will do with more leisure when he gets it, the importance of research into the causes of deficiences in our social order, team work, preventive medicine, broken homes and broken marriages—all these are in our field.

On the other side, the Conference has made it abundantly clear that two things are needed—increased facilities for training people who are competent to carry out these Acts of Parliament, and proper accommodation and equipment for the fulfilment of the purpose of these Acts. We are all agreed that legislation in itself is not the end, it is only the beginning of the process. I have been extremely stimulated today in listening to this discussion. Whatever differences of opinion there may have been in the audience, this Conference has proved unanimous on the point that, if legislation is to be fulfilled, there must be means in terms of personnel, premises, equipment, and an extension of the boundaries of our knowledge.

Now may I thank the speakers. I know something of the toil of preparing papers. We have had three excellent papers and briefly, on your behalf, I would like to express thanks to Miss Armstrong, Miss Brown, and Professor MacCalman for the work they have done in preparing them, and the way they have presented their papers to us.

Dr. Alfred Torrie (Medical Director, National Association for Mental Health) : I want to thank you, Sir, for so ably taking the Chair. You have come a long way, from a busy life, to join this Conference of mental health workers, and to illustrate the principle that mental health is a problem not only of the psychiatrist and psychiatric social worker, but of the social scientist as well. You have said the right things, in the right way, for the right length of time.

FRIDAY, MARCH 18th

MORNING SESSION

Chairman:

G. B. Jeffery, Esq., M.A., D.Sc., F.R.S.

(*Director, University of London, Institute of Education*)

The Chairman: I must make my opening remarks very brief. I would just like to say what a great pleasure it is to me to take the Chair at this Conference which, as you will see in the persons of the two opening speakers, is an occasion on which two great professions are brought together—the profession of medicine and the profession of teaching. These are the two professions which quite inescapably deal with the individual boy or girl or man or woman, and our task in these professions is to bring our various techniques into play so that, in one way or another, in accordance with one standard or another, we may improve people. In practice, that means, how can we help people to improve themselves? But all the time, the more we try to practise in these professions, the more we find that we must come to a clear understanding of how to make our work personal and individual, and of how to deal with the individual boy or girl or man or woman. How to bring that into practical terms is the theme of our conference today.

The Need for
UNDERSTANDING THE INDIVIDUAL
—as part of the Training and Function of Doctors and Nurses

by

J. C. Spence, M.C., D.Sc., M.D., F.R.C.P.

(*Professor of Child Health of the University of Durham*)

I detect an anxiety in the minds of those who have chosen this subject for discussion, as if medicine and schools were wilting through lack of understanding of the individual or have gone too far in techniques at the expense of human care. Fully to understand the nature of our fellow men may be beyond the reach of most of us, life being short and the art too long for that. But for the ordinary affairs of life it is easy enough to understand the individual. The difficulty is to know what to do with him or to bring ourselves to do it. Nevertheless, for the purpose of this discussion, we can accept three premises—that doctors and nurses, because of the intimate character of their professional work, need particularly to understand the individual and to consider his feelings; that some are better than others at this; and that we should do something about it if we can.

There appear to me to be three kinds of understanding of individuals. There is the basic understanding which comes by the process of trial and error in the experience of close human relationships, and finds expression in proverbs and precepts. This is the currency of our daily lives and is measured in terms of harmonious living with family and friends. Secondly, there is the expert understanding of abnormal types which comes by particular study and trained observation. Thirdly, there is the specialised understanding of one or other aspect of the individual, which is seen, for example, in the industrialist who selects with unfailing skill a man for a particular job, by understanding that quality for which he employs the man. This specialised understanding usually operates successfully only within its own limits. Outside these limits it may go quickly astray, as is seen in the example of this same skilled industrialist, who readily falls prey to any crank or charlatan when he chooses a doctor to tend his body or an artist to paint his portrait. There are many people with the specialised understanding who show little basic understanding of individuals outside their specialised activity.

The capacity to understand the individual in all of these three ways depends on our sensitivity, our intelligence, our experience, and our training. But not on these only. To understand we must see clearly, and we do not see clearly if we are blinded by envy, pride, personal ambition, jealousy, fear or greed. No amount of intelligence or training will make us understand if our observations are deflected by these distorting influences. So to end this introduction, I should say that to understand the individual the doctor and the nurse must gather their experience and train their powers of observation in a spirit of sympathy, charity and magnanimity, and that this capacity is therefore on another and perhaps higher plane than mere scientific observation.

Our understanding of the individual begins in that apprenticeship to life which is childhood. This early experience is the richer if it is gathered in the companionship of other children of different types and different ages, in the streets, in the hedgerows or on the village green, free from the restriction of adult supervision. We may then be too young to foresee amongst our companions any "village Hampdens," or "mute, inglorious Miltons," but we can begin to learn by withstanding the little tyrants of the fields, by sharing loyalties, by enduring exploits, by proferring help, by accepting aid. If some of us failed to get this experience in childhood it may be because we lived too much in a life arranged for us by adults. I am not here pleading for the go-as-you-please type of education, but the child must have its freedoms and its solitudes if its experience is to be transmuted into an understanding of individuals. Nevertheless, this transmutation will be the better if the experience is gathered against the background of a wise parental discipline and a family code of morals. Manners maketh man. It maketh also for the understanding of man.

This apprenticeship to understanding, "plucked from the hedgerows of experience," as Mr. Ernest Bevin once described it, goes on through adolescence, but even on the verge of manhood it is still incomplete. How incomplete is revealed in the common experience of war. There we saw men, whom, in the intimate life of the university, we had mistaken for giants amongst us, and were now exposed as very weak brethren, while the quiet and the meek stood out in unsuspected nobility. It has been said that to understand an individual you must see him in love, in cards and in drink. Better still to see him also in the stress and strain of battle or of domestic hardship. Doctors and nurses are privileged to come near to those occasions.

I make this preliminary arrangement of my subject with some diffidence. For although my professional life has been motivated by an interest in individuals, so that any train journey is an adventure to me, and although I have followed the Aristotelian precept of judging the nature of a thing through its full development by watching a generation of children grow to maturity, trying thereby to deduce effects from causes, I remain chary of generalisations. So my heart warmed to the man on the Brains Trust who, after his colleagues had let forth a volume of exhortatory advice in sentences beginning with "of course," refused to engage himself, with the excuse that he was not one who presumed to tell other people how to arrange their lives. He spoke like an understanding man.

Does a doctor need to understand the individual more than the lawyer, the teacher, the industrialist, or the administrator? If life were merely a matter of economics and jurisprudence we would not make this claim. In those circumstances, it would be sufficient to cultivate only the specialised understanding of function, the recognition of the type of man who fits a particular type of job and the extent of his failure. But, fortunately, the good life is not a matter of economics. It is a matter of manners, of ethics and of moral philosophy, with charity as its safest guide for most of us. Looked at in this light, the doctor needs to know the individual with basic, expert and specialised understanding if he is to work with success. He sees men of all ages from childhood to senility. He is present at birth and at death. He observes man in his confidence of full health and in his fear of sickness. He observes him near the noon of day when courage is at its height, and in the small hours of morning when it so often ebbs away. Not only must he understand the individual but he must understand him in many of these variations from the norm.

The real work of a doctor is only faintly realised by many lay people. It is not an affair of health centres, or public clinics or operating theatres or laboratories or hospital beds. These techniques have their place in medicine, but they are not medicine. The essential unit of medical practice is the occasion when, in the intimacy of the consulting room or sick room, a person who is ill, or believes himself to be ill, seeks the advice of a doctor whom he trusts. This is a consultation and all else in the practice of medicine derives from it. The purpose of a consultation is that the doctor, having gathered his evidence, shall give explanation and advice. The explanation may be that the patient has appendicitis, and the advice may be that he should go to such and such a hospital to be operated on, by such and such a surgeon. But the purpose of the consultation is not the diagnosis or the technical treatment. It is the explanation and advice, with the diagnosis acting as a means to those ends. The explanation is pursued further with what the Greeks called *pronoia,* which is something more than prognosis. With this the doctor uses his understanding of the individual and of his disease to prepare him and his near relatives for the hospital, for the technical treatment in the hospital and for his life after hospital. It is not difficult to realise something of the intimacy, the courtesy and the understanding which is required in this work. It takes place in the sick room of a house or in a consulting room, but sometimes even on the doorstep. In a proper consultation no third person should be present unless it is the parents or near relatives of the patient. You will see how easy it is to go astray from this conception of medicine in our design of hospitals and clinics.

If it be the purpose of medicine to give explanation and advice in consultation as a prerequisite of technical treatment, how are we to train our students? How are we to give them the understanding of the individual they will need in consultation? How are we to maintain in doctors the sympathetic understanding of so many individuals, without which their work becomes a weariness of spirit and flesh? Can we in fact teach the art of consultation?

We can excuse those who do not like this way of medicine. They are more interested in things than in people, and they will find their place by working in laboratories or as technical therapists. Concerning the other who must practice in this way, it surprises me how many of them pick up the art of sympathetic and wise consultation without any formal training in it. Perhaps they have come under the influence even for a brief time of an wise practitioner of medicine who gives them a pattern in his example. Perhaps it goes further back than that, and is the fruit of inborn sensitivity and good manners learned in childhood. But in the training of our doctors and nurses we must act in the belief that to understand the individual is an art which can be cultivated, so it is worth our while to demonstrate it.

Medical and nursing education is at present restricted to medical schools, training schools and hospitals. Within these limitations, the art of consultation, by which understanding cometh, is best demonstrated in the rooms of out-patient departments. It is not easy, in these places, to arrange a form of out-patient consultation in which the students can share. We do what we can in our Department to demonstrate its method and purpose, hoping that the student and nurse will learn from example, but they can get no more than a glimpse of the art and skill, because of the paradox that in most cases it is impossible to conduct a satisfactory consultation in the presence of a third person. We try to set aside the out-patient experience solely for the purpose of demonstrating this art and technique of consultations to the students, and feel justified in doing this, because they have already learned their techniques of diagnosis and technical treatment in lectures, laboratories, wards and other places. The consultations are given by the most experienced members of the staff. Two or three students are allowed to watch and listen with as much self effacement as possible. They observe the greeting. They hear the questioning. They watch the examination, and finally they listen to the explanation and advice. They do not examine the patients. When the students have accepted this role they appear to appreciate the occasion. They share in the sense of relief when the explanation removes brooding fears. They may even feel a little of the anguish when a tragedy unfolds itself. After the patient has left the room, discussion centres on the consultation, while the pathology and diagnosis of the disease is commented on only briefly. The choice of words used in explanation is reviewed. The restraint of words in giving advice is recalled. An experienced teacher using this instrument can thereby reveal to a student a great deal about individuals and about life itself, which cannot otherwise be seen in hospitals. I have mentioned the paradox of being unable satisfactorily to demonstrate the art of consultation in the presence of a third person. The students are made aware of this in a preliminary talk. They are told that before explanation and advice can be given to a patient they must make three diagnoses—the diagnosis of the disease, the diagnosis of the concept or fears of the disease in the mind of patient or parents, and thirdly the diagnosis of the patient's capacity to understand the explanation and follow the advice. They are told also that it is the patient's privilege to be interviewed without students being present if they so desire it. Less than 10 per cent. demand this privilege, and for them it is readily provided.

With this preliminary explanation students are quick to see the significance of consultation, and some of them confess that through this experience they realise for the first time what the practice of medicine means. Lest their hopes fly too high, we bring them to earth with the reminder that between these vivid episodes there will be a great deal of dull certificate writing, for of such is the practice of medicine. We encourage them also with the advice that they will understand the trials of practice better with a touch of the Meredithian concept of human nature than by an acceptance of the tragic Shakespearian view. That is pedagogic trickery, but it keeps them alert.

A few examples may illustrate consultation and *pronoia*. It happens that a woman seeks advice about her mentally defective baby. She herself says nothing about its feebleness of mind. She may know it or suspect it, but she talks of other things. With *pronoia*, or the knowing of things about a patient without being told them, the doctor estimates the woman's notion of the situation, her attitude towards it and her capacity for dealing with it. This enables him to choose the right questions with the right words. The mother's answer will tell him what he wishes to know without raising unnecessary hopes or fears. According to the age of the child, the attitude of the parents and their state of mind, he frames his explanation and advice. So far the consultation goes. But beneath this encounter there is much which is not told that the doctor is aware of. The woman probably carries a deep sense of guilt that the child's condition may be due to something she has done or left undone during her pregnancy, such, for example, as the use of abortifacients. But she fears to confess it, not daring to face the crucial question. The doctor knows this without being told. So he takes care to remove this corroding guilt by saying in the course of his explanation, that the child's feebleness is due to no fault of her's, or to anything she may have done during pregnancy. He may not be able to cure the child, but by understanding and *pronoia* he can cure the mother's morbid sense of guilt.

Another example will show the lack or lapse of understanding. I was consulted by a woman with her child whom she feared might have tuberculosis. Her fear, which she did not at first confess, was based on the resemblance of her child's ailment to that of a cousin who had sickened and died of tuberculous meningitis a few years before. The child had a transient and harmless ailment for which a quick and prompt recovery was foretold. All this was explained, and advice was given that a skin test should be done to confirm the diagnosis. For this I turned to the nurse and said, " one in a thousand, please nurse," wishing her to bring to me a 1 in 1,000 dilation of test fluid. I was too obtuse or otherwise engaged to notice the alarm that must have come to the mother's face when I said these words, but it was reported to me later by someone who visited the woman in her home and found her stricken with anxiety and resentment. It emerged that she had mistaken my words and thought I said, " A one in a thousand disease, nurse." This was the source of her distrust, that I could with one voice assure her that her child was not ill, and with another tell the nurse that we had a rare or " one in a thousand " disease. These facts were revealed only by chance. How often must it happen that ill-chosen words do harm that we know not of?

If the hospital fails to provide the medical student or young doctor with the expert and specialised understanding of the individual patients, they may gain it for themselves afterwards in the responsibility of practice. But what should be said of the nurse whose whole professional life may be spent in an institution with little time for intimacy with her patients, and her duties increasingly directed to doing things to her patients rather than for them?

Our system of nurses' education may attempt to introduce them to the need for understanding the individual patient, but being an art it is better learned by example and exercise than by precept and lectures. In pursuit of this art, the most valued lessons will come from observing their ward sisters and the doctors. The ultimate responsibility for the comfort and nursing of the sick is, or should be, in the hands of the ward sister. In this the doctors are responsible to her and not she to the doctors. With the acceptance of this authority and responsibility the ward sister will turn her attention to ways and means of educating her nurses in the courtesy, sympathy and understanding required in the nursing of the sick.

I will mention a few practical exercises which a ward sister might follow in order to demonstrate the need for understanding the individual patient and his feelings. The first is to change from time to time the position of the patients in the ward for the better arrangement of companionship, and not only for the case of technical treatment. Frequently to do this in the presence of young nurses is a good way to demonstrate the need for this understanding. The second is a simple exercise. It is to learn to enter and leave a room quietly. This is better demonstrated in an out-patient consultation service than in wards with their wide open spaces. The third exercise is the smile of greeting, one of nature's most elementary instruments to open the way to understanding. I would not go so far as to suggest the arrangement of "charm classes" in our preliminary training schools. It would be sufficient to remember that a nurse's sour look may be as harmful as a septic finger, and if she cannot overcome it, it were better not to be a nurse. The fourth is the choice of conversation, but this is almost beyond the wit of man or woman consciously to demonstrate. To be interested rather than interesting is the first rule of conversation. This might be told to the nurses, and the descending scales of a patient's interest might be studied. The normal man's primary interest is in himself, next in his family, next in his immediate surroundings, next in his work, next in his hobbies The normal woman's interests are of a slightly different order. Conversation directed to these interests may be flavoured with a little cajoling, teasing, sympathising or serious attention as befits the occasion. But as it is a chastening experience for any broadcaster to have his recorded voice played back at him, so it would be equally corrective for a nurse to have her small talk recorded for her hearing. It might then subdue the bright young thing who is constantly cheerful in brittle talk, however sombre the occasion; and the girl with the perpetual cliché about the nice flowers, or the baby talker with her "How's you little tumsie wumsie today, Dad?" The Royal College of Nursing might employ a Miss Ruth Draper in this form of tutoring. But we must not be too severe, for we know from bitter experience that occasionally patients can be very ugly customers.

Other exercises are in the use of telephones and the interview of relatives. In hospitals we know how tiresome the enquirer may be, but they, the tiresome enquirers, are probably fewer than five per cent., and we must adjust ourselves to the other ninety-five per cent. of earnest, harassed people who come to hospital for news. To have earned from them the heartfelt thanks for a courtesy and sympathy they have never seen equalled before, is a nurse's finest hour. And in spite of all the criticism of hospitals, that does happen. Indeed, when I look back and around I see that some of the wisest, most courteous and most humane of human beings I have ever known have been nurses with whom I have worked. They have had a basic understanding, an expert understanding, and a specialised understanding of the individuals entrusted to their care. But for the sake of the young nurse I think we might do a little more about it.

Perhaps I have made it sound too easy, when we know that in spite of example and training many of us blunder through life without ever learning to understand the individual. I am not thinking of the near-moron type in which the defect is obvious. There are others with intelligence and energy who fail to understand. Every time they open their mouth, they put their foot in it, so to speak. Fortunately, they do not get very far in the practice of medicine, and do not often reach posts of responsibility in the *practice* of nursing. At least they do not if the patients have a free choice of doctor. In these circumstances doctors lose their patients. We recognise this type of person as a rather blatant but incorrigible ass.

There is, however, another type who also does not fit well into the practice of medicine, but is more difficult to recognise. He is intelligent enough, but is insensitive to other people's feelings. He understands individuals only too well, and if I call him the " confidence trick man," or the charlatan, I do not need to describe him.

The danger is that these two types, failing in the practice of medicine or nursing, may drift into administrative or other employment where, although an understanding of individuals and their feelings is just as necessary, their defects are not so readily exposed. They become crooked pegs in straight holes. If you agree that these types are not fitted for medicine or nursing, perhaps some of you will tell me how to keep them out, or straighten them out. But here again we return to our original difficulty which is not of understanding, but of knowing what to do.

In one field the work of doctors and nurses comes near to that of teachers. That is in the understanding of a child. It may be of material benefit if we here compare our methods and opportunities. On my part, when I need to understand a child or his illness in order to advise what shall be done for his welfare and treatment, I would hesitate to reach an opinion without a close scrutiny of the parents, without listening to their opinions, and without a knowledge of the conditions in which they live. In some cases it may be necessary to go further than this, and find out, for example, what help a harassed young mother may have at hand in the way of neighbours and grandmothers. This is not sentimental twaddle. It is a biologist's approach to the understanding of a young individual. It is fashionable now to call it the ecological approach.

In the practice of medicine we seek this aid by consultations with the parents as often as possible. Such understanding as I have about the young has been greatly enriched by this close contact with parents from whom I have learned so much. "The heart has its reasons, that reason knows not of," said Pascal. It is important when considering the welfare of children that these reasons should be understood.

With sincerity I think that in this technique the medical profession has something to teach the teachers. If the child is to be committed to a hospital, especially to a long-stay hospital, we would not readily make a decision about the type of hospital to which the child should be sent without this interview with the parents, and without this assessment of their responsibility. Therefore, it strikes me as somewhat arbitrary the way in which a child's educational future and pedagogic treatment is prescribed without such interviews and sometimes without an interview of the child himself. His educational future then depends on an impersonal examination paper or intelligence test, which strikes me as not a very individual line of approach. But here I am transgressing into territory which is not my own, not knowing whether these tests and papers are sufficient to reveal a basic understanding, an expert understanding, and a specialised understanding of the child.

The Need for
UNDERSTANDING THE INDIVIDUAL
—as part of the Training and Function of Teachers

Prof. Brian Stanley, M.A.
(*Director, Institute of Education, University of Durham*)

I think you would prefer to have a report of what we are actually doing in the training of teachers, rather than of what we hope to do or wish we did. What I propose to say, therefore, is in the nature of a report.

We have all been brought together here under the mental health umbrella; that is to say, whether our work is in clinics, or on local authorities which provide Mental Health services, or whether we are teachers, or interested members of the public, we are all trying to relate our problems to mental health. And naturally you must be aware that teachers, who have their pupils withdrawn for many years of their lives, and for the best hours of the day, from the formative influences of home and street and fields and parks, have some considerable responsibility for promoting their mental health. You are aware, too, that we do in fact—and I have been as guilty in my time as most—sow some seeds of mental ill-health in our task, our almost impossible task, of handling fifty children at once, year after year, and that in that way we make work for clinicians as well as for military and industrial historians.

As you go past a school, you may hear this : " Twice two are four ; twice three are six . . . Our Lord taught us to love one another. If I catch you again, Mary Jones . . . ! You stand up, Jane, and show them your drawing ; yes, it is the best in the class . . . Now, all together : to be, or not to be . . . Twice eleven is twenty-two, twice twelve is twenty-four."

That really does go on, and you cannot say that those teachers are putting mental health first.

I have some reassuring news for you here. Three or four years ago, when talking with some enlightened heads of primary schools—big, barrack-like buildings they were, in big cities—I asked them, " Would you count your school as a progressive school ? " When the laughter had died down, they said : " Yes." I asked them why, and the answer I got, several times, was : " Because in it we base our work on respect for the individual child." I find that reassuring. It is not a sentimental attitude, because it leads to thorough, careful study of the individual child ; it is a good, sound, scientific attitude. It is, however, though partaking to some extent of the nature of a revelation, a commonsense attitude when one is dealing with children. It is a good basis for a personal relationship between child and adult, and it leads, I think, naturally, away from the old barrack-room seating to something a little bit more active as the way for young children to learn. The six-year old son of a friend of mine complained to his mother, a physical education expert, of pains in his legs. She could not think why he had pains in his legs. He said : " Well, if you had to sit still all day you would have pains in your legs." He also said, on another occasion : " I can't read and I can't write and they won't let me talk, so what *can* I do? "

This is a report. It is not an ideal I am handing out to you. It really is a report of what these very able women were thinking. It is not an exaggeration to suggest that the respect for the individual child, which is evidently a matter of interest to the organisers of this conference, is a rallying point amongst people working in very ordinary school conditions and yet counting themselves, when challenged, as being progressive.

May I leave that reassurance with you as a lifeline to hold on to, while I go on to talk about the training and preparation of teachers for their work.

There are two aspects of preparing people for a job. One is what you tell them; the other is how you tell them and the way you treat them. I should say that in preparation for the Law, teaching method and the lecturer's attitude to the student are probably less important than in the training of teachers. Prof. Spence's paper showed the importance in the training of doctors and nurses of the attitude to students and patients of the lecturer or clinical teacher.

As to what we actually tell the teachers in training you can, I think, be fairly reassured. In psychology, which lamentably, and, I think from our point of view, unpardonably, is not a popular subject, we do stress a great deal the importance of the individual, although it is rather alarmingly necessary for most of us to teach the students a lot about instincts and sentiments and what not, which comes back in examination papers in a very strange form. (I have found in students' answers almost anything described as an instinct, even the instinct of the Government to produce White Papers.) In point of fact we do lead them to study books like those of the late Dr. Isaacs, which suggest to the dullest reader that a very able scientist regarded the individual child's life as rich and precious and thought it worth while studying in detail. We tell our students about delinquency; that interests them, and there again the individual is obviously the person who matters.

In the simple social studies which we make of the environment of the children, the child is lifted out of being merely one of a row of faces in the classroom. In general methods of teaching, although it is necessary to give a young teacher some knowledge of classroom discipline if he is not to go out so helpless that he learns to keep order by the worst possible means in his first post, I do not think you need fear that we do not stress constantly the individual child in the classroom in what we tell our students. You can feel confident that the kind of demonstration lesson we sometimes give in front of our students is not one in which children are treated just as a class or a mass. The type of school we take them to visit is one where they see children working as individuals, working in groups, and so giving the teacher, relieved from the strain of class-teaching all the time, an opportunity to learn about his or her individual pupils.

Indeed, very often we are blamed by professional teachers for giving young students too little knowledge of the classroom methods, without which the teacher in his first job is going to be very unhappy and a thorn in the side of his head-teacher; but, of course, if you are interested in mental health, you may think that the way we treat the students we train is more important than what we tell them. To some extent you can feel confident that we are teaching them more as individuals than we used to do. The rigidly-disciplined, authoritarian training-college is much less commonly found than in the past; for one thing, the modern young person won't stand for it.

We who train teachers do to some extent move with the times in the idea that the constant " we/they " relationship is not as helpful in human contacts as the relationship of " us "—all working together—and I am inclined to think that the new Institutes of Education, being largely connected with universities, will probably stress the idea of teacher and pupil working together, as happens in a university, rather than the division of We-who-know and You-who-have-got-to-learn.

Certainly, I assure you that in our examination methods we are moving very fast indeed, almost falling over ourselves, away from the routine paper, in which everyone is required to react to the same questions, towards all sorts of examinations by assessments, records over the course, files and theses, and so on. And because every student in his period of practical teaching experience is acting individually, and his tutor, when he sees him teach, is seeing no other person teach at the same time, inevitably, on the practical side, we are regarding the individual.

But we do cram them, we do hurry them, and our training colleges are institutions the members of which are immature young people. All those things make it difficult for me to reassure you that, in the way we handle our students, we are thinking of them primarily as individuals. Though we could do worse, in turning out what are supposed to be qualified people for this job of human relationships (where, simply because it is a job of human relationships, personal and professional wholeness are to some extent the same thing), we do turn out people who are incoherent and immature (what else can you be at the age of twenty?) in the capacity for mature human relationships, both in the principles of their job and in their day to day teacher-pupil contacts. We have gone some way, that is to say, towards thinking of individuals when we are training teachers, but our students are too immature, and their training is too much of a rush, for one to be able to assure you with a great deal of confidence that those being prepared for this job of taking the initiative in human relationships are being adequately prepared.

Finally, I should like to indicate three directions in which you might look for evidence that we put the individual first when we train teachers. The first is to be sought in our syllabuses, examinations and college atmosphere. In all these, I have been able to report a movement away from mass methods towards individual methods.

The second is more extreme. If you would like evidence that the production of balanced personalities is put by us before any other thing, before giving people skills, giving people knowledge, or teaching them techniques, you will probably find no evidence in an existing training college. And not many people would blame us for that. Teachers go out into schools with a very difficult task; they have to be equipped to do it. It is no good having a fine basis of mental health, being yourself a mentally healthy person, if you are always just one lesson ahead of the children, if you teach arithmetic without ever having heard of the number sense and its development, if you teach religious knowledge and do not know your Bible, if you teach art and say: " But that's not *like* an elephant,"—if you make all these serious mistakes through lack of knowledge and skill and techniques. It is a considerable risk to turn out people who, through no fault of their own, will make those mistakes because you have concentrated entirely on their mental balance. I think, therefore, that you would be disappointed if you looked for places where the mental balance of the teacher, and his personal equipment for mature human relationships, were put first.

The third line I have mentioned is one in which I am personally very interested, that is, further professional study by teachers after some years of experience. Although it is true that you cannot expect any but the exceptional twenty-year-old to be a mature person, yet we are expecting young people to go out at that age and take a class of fifty children. Just think of it. It is mass-production for a girl of twenty to teach fifty infants. If we are to hope for professional and personal maturity in a job where, because it involves human relationships, professional and personal maturity are something like the same thing, I think a further period of study after initial training is particularly important. In courses with which I am connected and in which I have had some years of experience, I find our two clearest lines are to equip teachers to think in terms of stages of growth, and to encourage them to think of children as individuals.

There are many schools which, lacking in imagination, are making cases for the clinic and the student of group neuroses; and there are many training colleges producing very mediocre and even alarming as well as promising teachers. There are schools in the public system showing more imagination than training colleges. But, on the whole, the training colleges are not behind the schools in that quality. Perhaps if I did not feel that a very high standard must be set for the training colleges, I should claim even more for them. But the hope for the future lies, I think, for the next twenty-five years—and I am *reporting,* not thinking wishfully—in the grip that the schools have on this clue, the respect for the individual, which is one of the themes of this conference. And I think you can say the same for the training colleges, namely, that the future will lie in respect for the individual.

DISCUSSION

The Chairman: As I have listened to our two opening papers it has been very clear to me, as I think it has been clear to you, that our two speakers were discussing the same thing. And while Professor Spence drew his illustrations from the outpatient department of a hospital, and Professor Stanley from the work of the training colleges, it seemed to me that Professor Spence was speaking much more as a teacher than a doctor, and I am not sure that Professor Stanley was not speaking sometimes more as one would expect a doctor than a teacher to speak. That is very much to the point in our discussions, as we realise how the two points come together.

Miss E. A. Opie, D.N. (London), (Matron, King's College Hospital) : I would first of all like to take up one or two points in reply to Professor Spence on the education of the nurse and our educational system.

I would like to assure you that, in spite of the shortcomings of the nursing profession, and of matrons in particular, of whom I am one, we do try very hard in our educational system to lay emphasis upon the importance of the individual when we are talking to these young nurses about the care of the patient. I am also glad to be able to tell Professor Spence that in two big

London hospitals, at any rate, we always lay particular emphasis on the welcome and the reassurance that must be given to the patient who comes into hospital. We try to remind them that they are hostesses in their own hospitals from the word "Go," and even if they are very busy when they see a new patient arriving to be admitted, they must never let the patient know how busy they are but must go to greet him.

We also remind nurses that they must be considerate for patients' visitors. By and large, as a nurse, it is easy to be patient with the patient, but it is sometimes extraordinarily difficult to be patient with the relatives; but we do try, and we also try to see their point of view and realise that they are over-anxious and are leaving in our care somebody who is extremely dear to them.

We also move patients' beds, for various reasons, but particularly, where a patient is in hospital for a long time, we do know the value of giving him another aspect and of putting him out on the balcony and letting him have somebody fresh with whom to talk. We also try to remember such things as patients' birthdays, or any other special event.

The question of teaching young student-nurses what to talk about and what not to talk about to their patients is, of course, a much more difficult question. We try to give them guiding lines, but they are so young. Professor Stanley has asked how can anybody be mature at twenty, and I could not agree with him more: and yet a nurse is supposed to be mature—and they start training now at eighteen and in some cases younger. We are trying hard to raise the age of entry to eighteen, because it is quite impossible to have a mature person at that age, let alone younger.

How to teach nurses to move quietly, to open and shut doors quietly, I do not quite know. We do try. Perhaps educationalists can help us, and teach them to move quietly and gently in schools.

With regard to the selection and training of the nurse, we have, of course, to try to choose the girl who not only has the right intelligence and the right educational standard, but the girl also who has good personal relationships with her parents, with her brothers and sisters, and with her school friends.

These are our raw materials.

When we teach nurses in the preliminary training schools—most of which last for twelve weeks—we teach much more by the group discussion method than we ever did before, and we try to encourage them to write their own theses and so on.

The practical training in the wards is more difficult because it is more difficult to get an even relationship in the wards, and we work as a team, and there must be a hierarchy if a team is to work smoothly; also, of course, because any mistake is very serious; it may mean great suffering to a patient; it might even mean human lives. Therefore, those of us who are responsible for teaching and training have to try to take every possible precaution to see that in the training of the nurse, the nursing of the patient is never overlooked.

Just a word about the training of the nurse in her individual relationships. In the case of the trained nurse, if she is doing private nursing, it is quite easy; she only has to make her relationship with her patient, and, if she is a trained woman, who has been trained, as Professor Spence said, in a spirit of sympathy and magnanimity and charity, she should have no difficulty in making that adjustment. The ward sister has a many-sided adjustment to make. She must be a good nurse, first of all, and take care of her patients; she must be a good teacher, and teach her student-nurses; and she must be a good administrator, and by that I think we mean a co-ordinator, a buffer, and a peacemaker between all the many people who go to make up the ward.

Mrs. L. Shepherd: As the mother of a young child who has been recently in hospital, I listened with particular interest to what Professor Spence and Miss Opie had to say about helping nurses towards a sympathetic human understanding of their patients. To young children in particular, it is the nursing staff who are all-important. They seem quite unaware of the doctors in the background.

My little girl was just four-and-a-half when she went into the Children's Ward of a London hospital to have her tonsils removed. She had been at two nursery schools, settled quickly, and was happy at both of them. Her nursery teacher described her as independent, reliable for her age, and with a great sense of fun. She had been waiting a long time to have her tonsils out and was very willing. We had plenty of time to prepare her, and we did feel she went into hospital really ready to make a go of it. She left us without any fuss, and, indeed, the girl who admitted her and another four-year-old, Sandra, remarked: "I like to see them come in like this."

But when I went to see her on the eighth day, I hardly recognised her. She was sitting up in her cot, her hands folded, staring vacantly into space, with such a look of hopelessness as I never expect to see on any child's face. It took me back to the ward of the Public Assistance Institution, where I had seen a similar look on the faces of old people. I had never imagined she could look like that. There were eight or ten children in the ward, some babies, some a little older, and these two four-year olds, and, barring one or two old Comics, there was nothing in that ward for those children to occupy themselves with—and if that is not mental cruelty to young children, I don't know what is.

I asked my own child whether she had not at some time been given toys during her stay, and she said : " No, there weren't any." She cried nearly all the time I was with her. There were two young nurses, not very busy, about the ward : one called to the other, in rather a hostile voice :" Oh, Sara Shepherd is crying again." I asked her if the nurses had comforted her if she cried. She said : " They told me not to cry, and if I did cry I would not be allowed to go home."

The operation itself was so discreetly done that she did not even know she had had it, and I had great difficulty in persuading her that it was all over.

When the nurses woke the children at night to pot them they did so by slapping their faces—gently, I expect, but the children felt this as slaps, and any mother knows how children dislike being wakened. Sara was given a pot too small for her, and she said that when she spilled some " my bottom was slapped on both sides." What really shocked her, and made her feel no trust could be placed in the nurses, was that they even slapped the babies when they were wet.

I took her home the next day, and it was like having a changeling. For the first time in her life she was perversely and wilfully naughty, hostile to other children, tiresome at meal times, unable to stand the slightest frustration, and liable at any moment to a burst of complete non-co-operation. She was very much more normal at school during this period. This sort of thing went on for a good six weeks after her home-coming. One day I said something about loving her, and she burst into tears and shouted : " You don't love me, or you would not have sent me to that hospital."

We met Sandra with her mother at the follow-up visit to the hospital and she whispered to me : " I can't do anything right for Sandra since she has been here."

What I ask myself is : if the hospitalisation did that to two normal four-year-olds in eight days, what happens to a child who remains in a hospital for a period of weeks or even months?

Miss Mary Dingwall (Lecturer in Education, Goldsmith College) : I have listened to Professor Stanley's address with very great interest, and I would agree with him that the greatest hope for the future that we have in education is just this interest and concern of individual teachers with individual children; but I wondered if he did not slightly underestimate the effect of the training college upon the attitude of individual teachers. I should hate to think that all his progressive teachers were untrained!

As one who has a very slight knowledge of training in a number of professional fields, I think that the training college has something particular to offer, in that it is, perhaps, almost alone in studying the whole of a child's developing personality. We may not do it very well, but we do try to study not only the physical development of the child, but also his emotional and intellectual development, and we do try to relate the one to the other. For example, even in such a very intellectual study as the process of learning, more and more emphasis has been laid in the last few years upon the emotional factors of learning; and in studying intelligence, we also discuss such matters as the behaviour one may reasonably expect from children of different intelligence at different ages and of the necessity of accepting such behaviour from them.

However, the work is extremely difficult and psychology is sometimes not a very popular subject, and upon other occasions it is an almost too popular subject.

I wonder sometimes if some of our difficulty in studying child development is not inherent in the fact that we are training students who are between the ages of eighteen and twenty-one. We direct their attention immediately to the study of the child, and I wonder whether in so doing we are being sound psychologists, for it sometimes seems to me that one of the central problems of each individual in that age-range is how to be grown up, how not to be a child. If this is a real difficulty, then I would like to know what Professor Stanley and other members of this audience would think about our actual planning, whether we should start with the study of the child, or whether we might not more quickly arrive if we started studying not the needs of the child but the needs of the growing-up.

I think—and I believe most members of this audience will also agree—that the need for understanding the child is a very urgent one, and we shall have to try to say what we know about understanding the needs of the child to an audience which extends very far beyond the professional groups which are being represented at this conference. If that is so, then we must use many people who have no experience of teaching to help us in this teaching work. I would like to ask your advice upon the advisability of including in the training of social workers, administrative officers, and all sorts of professional groups, some instruction in the craft of teaching, not only that the work might be more effectively done, but also so that the tutors themselves might have more ease and pleasure in doing the job. For it does not matter whether you are teaching babies in the nursery schools, or students in the training colleges, or addressing Fellows of the Royal Society; the basic principles of teaching are the same, and they can be, I think, quite quickly handed over to men and women of good will.

One last point: we sometimes hear, for example, of social workers who have been refused permission by their employing bodies to engage in teaching work of the kind I have just been mentioning. I would like to ask all of you to use your influence with Local Authorities and with Boards of Management, to try to persuade them to adopt a much wider view of the functions of those who are concerned that children should grow up healthy, happy members of a community.

Mr. David Rhydderch, J.P. (Chairman, Rubery and Hollymoor Hospitals (No. 6) Group, Birmingham) said that in much of the addresses and discussion the accent had been upon what we should do for the individual. A further accent should be upon what we could do to encourage the individual to do for himself. At the present time more was being done for the individual than ever before—Welfare Centres, Citizens' Associations, etc., and now psychiatry. One could do too much for the people; they should be encouraged to do for themselves. By doing too much, there was a danger of undermining that vitality and vigour which makes a great people and a great nation. Our aim should be to create every opportunity to strengthen the character, and to foster a healthy-minded belief in the people that they were fit and able to do and think for themselves. What greater danger could there be to a nation than people unable to do and think for themselves, and who asked other people to do their thinking for them?

Psychiatry was a very popular subject, so much so that the psychiatrist had replaced the cowboy and the gangster as hero in the Hollywood films. There was a danger that too much probing into people's minds might develop a morbid introspection, that the weak, vaccilating person, not able to face up to the realities of life, would use psychiatry as a method of getting out of his responsibilities.

Yesterday a statement had been made from this platform that a man had been stimulated to become a doctor because at the age of three he had killed his pet canary. Similar examples were often quoted by psychiatrists. If this was the psychiatrist's contribution to the treatment of mental ill-health, then, in the speaker's view, the people who had to pay out money every week, to finance the buildings and staffs required to maintain the Health Service, were going to demand that much more money should be spent on nutrition, good housing and good education and much less on that so-called treatment for mental ill-health.

Alderman G. H. Goulden (City of Salford Health Committee) referred to the point made by Professor Stanley as to the formative character of a good home. No one would dispute that statement but, in general, in Salford and similar industrial districts, the only formative character-building a child had was in school. It could be readily appreciated, therefore, how important it was that the teacher should have a proper understanding of the individual, of industry and of the home. Unfortunately, the two-year-trained teacher never had the opportunity to gain that knowledge to enable him to do the proper job, so far as the child was concerned. If the training colleges paid more attention to preparing the teacher to understand industry and the home, and less to the individual capacity of the child, and also the art of teaching, better results would be obtained with the individual child. Pope had said, "The proper study of mankind is Man," and Man was best studied in the flesh, and not entirely in groups and lectures.

Professor Stanley had made another good point—the need for further professional training after five years' experience as a teacher. If part of that further training could consist in the teacher being given an opportunity to work in an office or factory or on a farm, or, better still, to have some experience of the social worker, the health visitor, and the like, it would be most valuable; because the two-year-trained teacher had gone to school at five years of age, to the secondary school at eleven, to the training college at eighteen, and back from the training college to the school, so that from five to sixty-five he was always in school. That out-of-date method must be altered. If it were altered, it would do away with the badly-selected trainee, which meant that many B-type teachers were turned out, firstly, because no one had the courage to say they were not fitted for the job, and secondly, because many people thought a teacher's job was a nice easy one with good pay and good holidays, and was not a vocation.

In any case, classes were too large for teachers to apply themselves in the individual sense. No one expected a doctor or a Children's Officer to apply himself simultaneously to forty-five or fifty children. Why expect the teacher to do so?

If Professor Stanley would use his influence to get back to the system whereby trainees worked as student-teachers before they were sent to the colleges, this would do away with sending them to colleges at an immature age, and so would give them an opportunity to study mankind, and we should have less worry about mental health.

Dr. T. C. Graves (Rubery Hill Hospital, Birmingham) said that the title of the subject discussed was a wide one, and applicable beyond the sphere of the educational specialist; it was referable to all the activities expected of us. What we could do depended on what we were; how we were constructed determined our capacity to act. Claude Bernard, many years ago, said that the ability to appreciate and respond to external environment depended upon the fixity of the internal environment. Therefore it was necessary to understand the individual as a whole, and that, of course, was the real meaning of the title under discussion this morning.

Knowing the individual as a whole connoted a full appreciation of the interaction of bodily conditions as well as their integration in mental functioning.

Such study must also extend to the family of an individual, and here again bodily conditions as well as mental functioning must be considered. In this way, we began to understand the load an individual carried in his attempt to cope with environment. We should find, if we continued such studies, that what appeared as psychological manifestations had more than a psychological basis; they had associated physiological disturbances, and even those physiological origins had also a pathological basis below them, and they should be recognised as the manifestation of bodily disease conditions.

It was thus very needful to study the individual as a whole. Certainly from the education point of view, it became necessary to be certain that the channels whereby the individual knew and reacted to environment were clear. Dr. Graves described the case of a schoolboy of sixteen, working for matriculation, in whom appeared disturbances in his mental state. His trouble was at first attributed to overwork, but afterwards given the mass diagnosis of schizophrenia. Treatment for that condition proving ineffective, he was eventually removed to Rubery Hill Hospital, where he received treatment for physical conditions of nose, throat and four infected wisdom teeth, after which the mental disturbances ceased and had not recurred. That was an extreme case, but there were many similar cases which must be got at before they reached that degree of severity. On the other hand, there were many similar cases of less severity which hampered educational effort. Just as the law realised that it was useless to attempt to remedy certain conditions by punitive action when the offender needed remedial action, correction of matters of detail, so it was useless for education to continue teaching a child when he needed correction of detail. So the understanding of the individual as a whole required that the training and the work of the doctor, nurse, teacher and social worker should be based on the system of integrated medicine. When nervous and mental symptoms were regarded as an expression of bodily illness, then the understanding of the individual as a whole would be complete; and that idea should be conveyed to the public. Treatment then would produce not merely recovery from a narrow phychiatric illness, but enhancement of physical and intellectual capacities and emotional control.

Miss E. Cockayne (Chief Nursing Officer, Ministry of Health) thanked Professor Spence for the tribute to those "best nurses," of whom there were many thousands, and expressed to Mrs. Shepherd her great regret that little Sara Shepherd had not been so fortunate as to be nursed by them. Every nurse would be horrified at Mrs. Shepherd's experience.

The nursing profession was most keen to develop the proper nurse-patient relationship in the teaching of the young nurse, but that could not happen while one nurse had to do the whole round of a ward of from thirty to forty patients. Until more trained nurses could be employed in the wards, so that the nurse could have more teaching in the course of her work and not so much in the classroom, the nurse-patient relationship could not be developed in the right way.

A change in the present system of nurse-training was needed. A better-planned training for the student-nurse was required. The trained nurse needed a straight span of duty, so that she could develop her normal home life and was not tied to the hospital. Miss Cockayne herself remembered how, after fifteen years in hospital, when she spent a year or two outside she was most surprised to hear any criticism of hospitals. Every nurse needed to get outside the hospital and hear what people were saying about it from the outside.

Miss Cockayne then addressed herself to those members of the conference who were members of Hospital Management Committees and asked that they would take the nurses in their hospitals into their confidence. Much had been heard about team work; at a former conference it had been said that the essence of team work was that all the members of the team recognised their dependence on the other members. Nurses were not always regarded in that way. It was hoped that members of Management Committees would arrange to meet members of their nursing staffs and discuss problems with them. The nursing problem was considered far too much in isolation at the present time.

It was earnestly hoped that, in future, with the extra facilities which were to be made available for nurses' planned training, nurses would be produced who would not want to run away at the end of their training, but who would wish to stay and practise their art. It was only when that stage was reached that one could hope to have a better system, whereby the student-nurse would be learning her nurse-patient relationship by being responsible for only a few patients, and by having a much closer connection with them and with the trained staff who were teaching her.

Miss O. F. Griffith, S.R.N., R.M.N. (Member of Royal College of Nursing) said it had been assumed throughout this conference that nurses and doctors should treat their patients as individuals, and one inferred from that that they should have knowledge of the background of those individuals. The very best hospitals did make that information available to their nurses, but there were many hospitals where not only was the case material not available to the nurses, but actually locked up away from them. There were difficulties in having the case material available in the wards in certain circumstances, such as where the medical superintendent was also consultant for the county and needed all his case papers to hand. On the other hand, if the nurses were to take the desired interest in their patients, they must have the material available, and if that could be arranged it would be valuable. This was a small point, but fundamental for the training of nurses.

Dr. Lise Gellner (Medical Supervisor of "The Torch" Research and Treatment Centre for Mentally Defective Children, Willesden) developed the question of the need for understanding the individual mentally defective child. Those who worked with mentally defective children knew that the individual children differed as much as did normal children, and further there were differences in the injuries from which those children had suffered. The primary need was for diagnosis. The case of a boy whose condition, resulting from physical difficulties, had been diagnosed as schizophrenia, had been cited by a former speaker, and there were many similar grave errors of diagnosis amongst mental defectives.

There were two theories in medicine about mental deficiency; one, that it arose from the inability of the brain to develop; the other, that it arose in most cases from a brain injury suffered by the child during delivery. Dr. Gellner believed the latter to be correct in about three-quarters of the cases. If one accepted that theory, how did it help in the treatment of mentally defective children? From post-mortems of newly-born infants and children who died in their first week, it had been found that brain injuries were most frequently in the brainstem, and the opinion had been expressed by Dr. Frew, formerly Physician to the Hospital for Sick Children, Great Ormond Street, that this had caused "mental" impairment because impulses from the lower part of the brain did not reach the cortex and therefore certain cortical parts could not develop. If Dr. Frew's theory was correct, as he strongly believes it to be, the possible site of the injury should be looked for, and one could be guided as to where, if the special disabilities of the child were considered and the parents asked exactly what the child could and could not do. From that, and from one's knowledge of brain physiology and anatomy, one could build up some diagnosis which would help towards treatment by training the intact sensory and sensory-motor faculties, and so replacing the loss incurred by the destruction of one or two sensory-motor abilities. Diagnosis was a pre-requisite of treatment. Once it was known which faculties were injured, the children could be treated and taught, and the number of " ineducable " children would become greatly reduced.

Miss M. L. Collins (Children's Officer, Swansea County Borough) made a plea for smaller classes in the primary schools and for a greater number of special schools. As an ex-teacher who had only recently left the profession, she believed that the majority of teachers were aware that their first duty was to each child as an individual, but the present large classes made this almost an impossibility. While it had been accepted that a maximum of thirty was desirable for a secondary school class, the maximum number for a primary school class did not appear to have been defined; yet it was in the primary school that the basis of the educational system was laid, and it was there that particular attention must be paid to the need of the individual, otherwise only harm might be done. It was hoped that public opinion would be on the side of the much smaller class in the primary school in future.

In regard to special schools, the Education Act of 1944 had laid emphasis, for the first time in the history of all education Acts, on age, ability and capacity, and the Children Act of 1948 stressed that each authority should see that each deprived child was given full opportunity for development of personality : if those two clauses were to be implemented, a much larger number of special schools than existed at the moment must be provided. There was a large section of our child population which had to be educated in the special school if it was to develop any belief in itself and, indeed, any self-respect.

Dr. J. C. Sawle Thomas (Regional Psychiatrist, North-East Metropolitan Region Hospital Board) said that the need for the understanding of the individual patient had been stressed by Professor Spence, and Miss Cockayne had made a plea for the understanding of the nurse. He would make a similar plea for the understanding of the doctor himself—by that, he meant the inter-relationships within the hospital and the understanding of the doctor by those responsible for hospital administration. Most doctors who had achieved positions involving administration of medical services, had graduated through years of clinical work and might be expected to have every sympathy with and respect for the independence of the individual doctor. Unfortunately this had not always occurred in practice—perhaps because the person drawn towards administration must necessarily have something of the obsessional in his make-up which weighted him heavily on the side of tidiness, or a desire for power which, once in authority, would lead him to impose his views on all within his orbit. This was seen in some of the older mental hospitals where all enterprise and freedom were killed, with the result that there was stagnation in those hospitals. Extending to a wider field, one saw the same thing in bureaucratic local authorities.

In a recent broadcast, Bertrand Russell had stressed the need to decentralise. He pointed out that organisations had a tendency to become too abstract, and man made to fit into a system instead of being able to develop along his own lines. Dr. Sawle Thomas's own experience of work with the National Health Service, in psychiatry, had been that to a great extent those evils had been avoided. There was general allowance for the principle of decentralisation. The Boards had delegated power to Hospital Management Committees, and they in turn to House Committees and medical advisers, and in this way all groups of specialists had an opportunity of expressing their views, and plans which they formulated for a better service were sure of sympathetic consideration. In individual work in a hospital, a doctor or nurse had recognised facilities for putting forward original ideas. In the planning of a Regional Service, certain uniformity was inevitable, but the greatest mistake would be to impose upon people a *fait accompli* which they had no part in discussing.

A frequent source of irritation was unnecessary secrecy. In the hospital in which Dr. Sawle Thomas had started his work, the medical superintendent discussed all but the most private details of administration with his medical and senior nursing staff, with excellent results. The individual felt pride in his work and strove to add to the general efficiency, and many helpful suggestions were made, sometimes from the most unlikely people. Not enough attention had been paid to this question of unnecessary secrecy, which one saw in all aspects of life, from ministerial levels downward. Much of it sprang from love of power.

The importance of a better understanding of inter-group relationships had been emphasised in yesterday's discussions. While Dr. Sawle-Thomas agreed with this, he urged that the understanding of the needs and rights of the individual was one of the most important problems facing those concerned with mental health. It was the individual who formed part of the group, and if the parts were sound, then their function was first to work together and then to work harmoniously with other groups. If the conference could bring that home to those in authority it would have performed a service of inestimable value.

Mrs. C. J. Fryd (Association of Parents of Backward Children) said that one aspect of the understanding of the individual had not yet been mentioned—the necessity for understanding the parents of the individual, because it was they who, more than anyone else, had the formative effect on the development of that individual. This understanding could be started even as early as in the maternity home. Mrs. Fryd had had four children in four different hospitals and had seen appalling mistakes made in the handling of the mothers. The new mother was a potential psychiatric patient, because, during the period of pregnancy, confinement and nursing, her mental and temperamental condition was abnormal and required special treatment, not the rather scolding attitude so often taken. The same thing applied to the babies themselves. They were treated like sausages, all alike, and if they did not conform to pattern they were scolded and sometimes slapped—with damaging effects on their mental and physical development. If more attention was paid to the training of maternity nurses, much mental uneasiness, if not mental ill-health, during the first years of the child's life could be avoided.

Mrs. Fryd urged that there should be parent-guidance all the time during the pre-school years. The mother was sent home with her baby, and nobody paid any attention to her or to the child until he went to school, by which time he was found to have all sorts of complexes and neuroses; most of them might be due to the mother, but nobody had told the mother what she ought to have done. One of the aims of the Association of Parents of Backward Children was that there should be a psychologist regularly in attendance at every Infant Welfare Clinic, where the problems of the child and its mother could be discussed and, if possible, remedied.

She also asked that people connected with the medical and educational professions should cease to regard the mother as a person who was going to do the most stupid things the moment she was left alone. That was not true. The mother wished to do the best for her child, and she wished to be helped to do it.

Teachers also should be prepared not only for their work in the classroom, but for their work in the Parent-Teacher Association. If they could not meet the parents as equals, they were not going to get anything out of the association and neither were the parents.

Professor Stanley: In reference to Professor Spence's words about the 11-plus examination, there is a tendency to give too much importance to quantitative assessment; and not to realise that much of the gain from being able to assess some things objectively is due to the fact that we are able to give time to assessing other things qualitatively. And the views of the parents come in under the latter heading.

Miss Dingwall's point about the training college beginning not with the study of children, but with the study of the eighteen-year olds, is one of great interest but on which many people in the audience are more qualified to speak than I am.

As to Mr. Rhydderch's point about doing too much for the individual, I think the answer is easy; any intelligent person helping an individual helps the individual to help himself. There is no other point in helping the individual.

I agree with many of the points made by Alderman Goulden. The present system of selection does mean that a good many people come forward who will only be mediocre teachers; but how else can you cope with the rising birth-rate, attract people into a profession which is not very highly paid, and reduce the size of the classes? On the question of student-teachers, from the mental health point of view, I think it is important to realise that perhaps you will be a better teacher if you have faced what it is like to be a teacher at nineteen, twenty, or twenty-one, rather than if you have made your first professional personality at the age of seventeen. I wholly agree that teachers need to spend further study periods in office or factory. Further professional study during the period of their training of what they are doing is also, I think, of great importance.

I would support Miss Collins about the size of classes. The epitaph of a teacher ought to be: "He attempted the impossible, and failed."

Dr. Sawle-Thomas's remarks about the obsessional characteristics of leaders and administrators could be a subject for the next Conference!

Professor Spence: I feel that the conference will wish me to refer shortly to the two rather heart-rending accounts given by Mrs. Shepherd and Mrs. Fryd of their own experiences. I am not trying to minimise them, but I would not like them to think that that is the general attitude. In the hospital in which I work, we have had great experience of the relationships between parents, children and staff. In the babies' hospital, the mothers live in the same room as their children and undertake their nursing care even after serious operations. In the maternity hospital, the babies are in their cots constantly at the bedside of their mothers, so that the mother can at any time peer into the cot and pick the baby up if she wishes. In this work, which has been going on for more than twenty years, we have made our studies as scientific as possible. We estimate, for example, in a community, what percentage of mothers it is advisable to admit for that experience, and we find it is one of the great experiments now being made in hospital administration. I would not like it to be thought that we are not progressive in these matters in hospitals.

The difficulty about hospitals is that so few people concern themselves about them until they are sick, and they then expect to find a good hospital service ready for them.

I agree with Mrs. Fryd on the need to understand the parents, but does she really think that at all the thousands of Child Welfare Centres in the country there can be sitting in each day a skilled professional psychologist to advise on these difficulties? That the parents should have access to a psychologist in some way is, I think, possible, but not in the way suggested.

As to the need for understanding the individual in our medical problems, in medicine the individual is such a changing being. We see that particularly in the changing attitudes towards life of a woman passing through different stages of her pregnancy, before and after delivery, and again later in life. But this need to understand the individual is being pursued, and I hope you will not be impatient with the profession. In general, the medical profession has served society well.

My own fear is that for the next twenty-five years we shall be so concerned with physical comfort, better homes, better amusements, the building of new schools, and of new houses, which I put highest of all, that it is doubtful whether we shall get adequate public interest to maintain a level of expenditure on our hospitals. I think we shall be well down in the list against these building priorities which have a greater interest for the public than the care of people in sickness. So we shall go on struggling. I feel that there will always be individual complaints which will come up about harsh dealing in hospitals, though I hope, as a result of conferences like this, there will be far fewer than in 1949.

FRIDAY, MARCH 18th

AFTERNOON SESSION

Chairman:

G. G. Jeffery, Esq., M.A., D.Sc., F.R.S.

(*Director, University of London, Institute of Education*)

The Chairman: The subject of our Sessions today is the need for understanding the individual. This morning that was considered more particularly in relation to the three professions of medicine, nursing and teaching; this afternoon it will be extended to the need for understanding the individual as part of the training and function of social workers, and our speaker is Miss Irvine.

The Need for UNDERSTANDING THE INDIVIDUAL —as part of the Training and Function of Social Workers

by

Miss May Irvine, M.A.

(*Tutor for Psychiatric Social Work, Manchester University*)

In a book, published recently,[1] it is reported that the last question in an enquiry carried out by a team of American workers was, " Would you mind telling me your idea of a social worker? " One of the less favourable replies received was expressed in these words : " A condescending, superior, well-educated person who is not quite human, and who tells you how to dispose of your life." A more unpleasant definition would be hard to find—even the words " well-educated " have a slightly sinister ring. We can but hope that the woman was not basing her judgment on personal experience.

Yet there is something salutary, perhaps, in taking stock of these particular words at the present time, especially as social workers may come to be regarded by the public as Civil Servants, with all the popular, if erroneous, ideas which have grown up round that profession. Many people are feeling that an outside " they " are attempting to control various aspects of living and that individual choice has fewer opportunities for expression.

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[1] Viola Paradise : *Towards Public Understanding of Casework.*

There is a fear that the spontaneous and the personal may be swallowed up in a weary round of forms, officials and questions. If a social worker were waiting for the right moment to stress the "need for understanding the individual," it would be difficult to find one more appropriate than this. Her whole work is concerned with people in their day to day contacts with each other, and anything which makes these more difficult is a matter of importance to her.

There is a feeling of satisfaction, and the sense of having reached the end of a long road, when we realise that we have witnessed in principle, and very largely in fact, the final loosening of the stranglehold of the Poor Law on our social services. We are optimistic and genuinely hopeful because we believe that, with the extension of State provision for much that concerns welfare. we may be more free to orient our work toward meeting other needs which cannot come within the scope of any legislature—personal needs, some of which are common to all people in our community and others which vary with the hopes, fears and capacities of each separate individual.

Perhaps we are a little fearful lest any unimaginative bureaucratic administration should tend to "compartmentalise" the individual—sending him here for this and there for that—not only adding considerably to the already complicated problems of adaptation which exist in urban life, but also destroying the continuity of his links with social workers and others of whom he still has need. Relationships of trust and confidence grow slowly—an understanding of a person cannot be reached overnight. No amount of recording or passing on of information from worker to worker and from one department to another can help a person feel that he is understood—often the effect is directly contrary.

If we see individual difficulties as problems to be manipulated by formulæ and solved, then the personal element is unimportant, but this would be to deny the very basis of our work. Some requests to social workers can be met directly; Citizens' Advice Bureaux dealt with a number of practical difficulties rapidly and competently. But most of the problems brought to a worker affect personal happiness, peace of mind, and family well-being.

Each individual has feelings about his particular situation. The medical social worker has to understand the mother who is worried about family arrangements while she is in hospital and whose convalescence is retarded when she goes home; the family case-worker has to help a husband and wife find whether there is any way of working out a satisfactory married life when there is misery in the relationship, and to try to understand what the roots of the difficulty may be; the probation officer has to be able to see behind the toughness of the delinquent and realise what has happened to make him want to " take things out " on other people—and so on, through all the specialised fields of social work.

If a person is really to be understood by a social worker who is trying to help him solve some problem of living, then they must be given time to work things out together. However great a social worker's knowledge of individual needs and behaviour, it will avail her little if she is not free, because of limitations of time and continuity, to use it in a constructive way, and if, in the division of administration between central and local authorities or the various departments of each, vital contacts are broken. It is for the future to prove to us that our fears are without foundation.

New services which come into operation bring about changes in social living and conditions are altered for the individual. He is challenged by situations which he had not foreseen and for which he is not prepared. He grows aware that although some of his needs are met by new legislation, others are created. He may find, for example, a satisfaction for his wish that his children shall have better opportunities, especially in education, than were available to him, only to realise, as they go forward to fresh achievements, that he is faced by new feelings within himself of personal, and perhaps social, inadequacy—relations are altered within the family circle and they are no longer as easy as they were. The social worker must be able to understand both how social changes are likely to affect the individual, and how she can best help those who come to her to meet new problems as they arise.

There are certain needs which are basic and which have to be met if an individual is to have a reasonably healthy existence. Some of these are physical, some are economic and social—others are personal. A child may be well housed and well fed and yet have his personal needs ignored completely. His parents may dominate him so that he has not the freedom to experiment and grow gradually towards personal independence, or they may protect him to such an extent that he is either swamped, or expects the world later to act towards him as an indulgent mother, and never learns the give as well as the take which is necessary for all personal and social relationships.

The social worker must realise, above all else, the crucial significance for later social relationships of a child's early relationships within the home and how primitive urges are changed into socially acceptable attitudes. Already she knows, only too well, what happens when such a change is not brought about successfully. Consider one example.

In the last Report of the Prison Commission,[2] reference is made to a Governor's comment on the difficulties presented by prisoners between the ages of twenty-one and thirty years who in that particular prison form half the population. He describes them as, " in general, having no idea of self-discipline, self-centred, unco-operative, unappreciative and idle," and adds that " the difference in standards, outlook and behaviour between these men and those over thirty is very marked." Can we doubt that it was family difficulties as well as social conditions that brought about this war problem?

As the whole purpose of social work is to help bring about an acceptable balance between the satisfaction of individual needs and desires and requirements of the community, it is of the first importance for workers to understand how social attitudes develop in a healthy or unhealthy way according to feelings and values within the home.

The way children form their standards, and young persons their ideals, by identifying with admired people, and how these affect character development must be appreciated. Without a knowledge of individual growth and development full understanding is impossible.

We know that the real art of social work has a two-fold aspect—working to strengthen whatever may be creative and constructive in individual personality and character, and helping it towards healthy expression, and encouraging the change of what is destructive both to the individual and Society. We know equally that all the knowledge we may have of human behaviour will not in itself bring about change. As Jessie Taft points out[3] we " know in advance that no-one is going to experience change, call it growth or progress if you have the courage, because we think it would be good for society, good for his family or good for himself."

A person's problems are essentially his own and he must arrive, whatever help may be given, at his own way of dealing with them. We are well aware that society has a responsibility to protect and control certain people. For example, action has to be taken where there is a complete failure of parental responsibility for a child's welfare, or where mental incapacity makes decision too difficult for the individual. But, with exceptions such as these, a person must have freedom, within certain inevitable limits, to " be himself, to make his own decisions and work out his own problems."[4]

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[2] Report of Prison Commission and Directors of Convict Establishments, 1947.

[3] Jessie Taft: *Dynamics of Therapy.*

[4] Gordon Hamilton: *Theory and Practice of Social Casework.*

The social worker has always in mind the stimulating of the desire, however weak, in each person who comes to her to be responsible for his own choices. One of her functions is to help the individual to use, for the furtherance of his own welfare, the services and community resources which are available to him, and yet not in any way to encourage the growth of dependency or the giving up of individual responsibility and initiative in providing for personal and family needs. Sometimes this question does not arise, but at others the task is difficult. So many people want decisions made for them and are unwilling to put forward any real effort on their own behalf, but unless their co-operation can be gained, no lasting result can be achieved and there can be no move forward towards independence of thought and action.

The social worker must be able to understand how outer circumstances and inner personal qualities work together to bring about fear of independence and apathy, anxiety and the inability to stand up to new or difficult situations, hostility, or even cruelty. She must be aware too how these feelings can be expressed in behaviour which seems illogical, variable and unreasonable and may lead to unpredictable actions. Only by such understanding can she help clarify problems and encourage any spark of ability for self-direction in a person who seems either overwhelmed by the situation in which he finds himself, or wholly indifferent to it. Only if she can realise that individual change is often a very slow process will she have patience too with the person who takes one step backwards for every one forward, who shows hostility towards her and the agency she represents, and is anything but grateful for her efforts to help.

A social worker must be ready at any point where need is felt by the community, ready to pioneer and experiment and to use her findings to foster the growth and development of adequate welfare services. That is the history of social work—a tiny voluntary service or group of services opening out into wide State provision. Only in so far as the social worker is able to use all the resources of knowledge available to help her in her work, can it grow and expand.

An illustration is found in work during evacuation. At that time, social workers, trained to understand the needs of individual children, co-operated with psychologists and psychiatrists to help solve billeting problems, shared in the difficulties of staffs of childrens' homes, and themselves carried out, as part of a team, experimental work in nurseries and hostels. They proved that their specialist knowledge could make a very practical contribution where a need had to be met, and that they were not vague theorists with " ideas " about children which no-one could understand, although this opinion sometimes died hard. When, later, courses of training were established for students of Child Care, the social workers were able to use the fruits of a rich experience during seven years of evacuation to help orient the study towards an understanding of the individual child and his needs.

There is an urgent need for research and experiment. There is a wealth of knowledge about human behaviour which has been built up slowly in medicine, psychology, education, social work and other fields. But experiments in the application of much of it lags behind. The needs of children and the aged have been brought home to the public, and plans have been made to meet them.

Perhaps it is more than a coincidence that the most vigorous research is being carried out in those centres of social work which have laid most stress in training on understanding the individual. Theoretical and practical work must illumine each other, and there must be a constant reference back and forth. There must a sending out, too, of the fruits of experience in schools, clinics and other places where human personality and behaviour is seen in many of its aspects, for further testing in the community. Only in this way can training in social work remain alive and in touch with practical issues. Only in this way can we add to our understanding of the individual in our own community.

The social worker is concerned with human needs. She must be able to act as an interpreter of community experience and of individual experience so far as this is expressed in terms of social relations. This cannot be done in isolation. It demands a pooling of resources. Public authorities can help by providing both facilities for research and financial support. So many social services are now administered by them that there is a width of opportunity for administrators to plan together, on the basis of understanding how social projects can best be adapted to individual needs.

A social worker, then, needs to understand the individual because her work lies with people whom she meets as persons and as members of families and other social groups. She knows that the health of a community such as ours depends upon people being able to live in a responsible way, finding reasonable expression for their own needs and desires and allowing others to do the same. She recognises the fundamental importance of family relationships in determining behaviour and social attitudes, and believes that personality and character development are profoundly affected by feelings and attitudes in the home.

Common sense and a " feeling for people " can take us a long way. Without these, good social work would be impossible. But it would be a very limited and prejudiced person who would hold that these were sufficient guides for understanding the individual. The accumulated experience of educational and social psychologists in schools and in the community, of psychiatrists in clinics and consulting rooms, of sociologists in urban and rural areas, or anthropologists in societies which differ in structure from our own, have contributed to our present knowledge of human personality and behaviour. We must make these findings available to all students training for social work—the emphasis must be on people—how they are made—how they develop—how they behave. Students must consider the claims of society and understand the range of socially acceptable behaviour. They must also be helped to appreciate, through close relation of theory and practice, what is common to most individuals and wherein lie their essential differences of constitution and capacity. They must know how difficulties arise in personal and social relationships and what will contribute towards, and what militate against, their solution.

A student of social work must herself be considered as an individual. She cannot learn her art like an academic subject. A certain growth takes place naturally as a result of a good student being in contact with the lives of many people,[5] and this must be fostered and helped to develop so that through the understanding, on the part of those who help in her training, of a student's own personality, needs and capacities, she may be enabled to deepen her appreciation of the needs of others and grow in understanding of the individual.

DISCUSSION

Mr. Roger Wilson, M.A. (Head of Department of Social Studies, University College, Hull): The eminent reasonableness of what Miss Irvine has been saying may tend to lead to a sense of complacency, because it is difficult to believe that social workers and employing bodies and training agencies could do anything other than follow her advice. There is no need, however, to remind ourselves of how wrong things can go; in voluntary agencies, in statutory bodies, in local authorities and other social organisations there is, again and again, a devastating failure to understand the importance of the individual. The best of my students come back with the most disastrous accounts of what they have met with in the way of insensitivity in the training agencies. I am bound to add that what the training agencies say about the worst of my students is pretty much the same as what the best of my students say about the training agencies! So those of us who are engaged in the universities have equally nothing to be complacent about in this matter of training. We fail, too.

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[5] Bertha Reynolds: *Learning and Teaching in the Practice of Social Work.*

The point is, I think, that training to understand the individual is an exceedingly difficult job. It comes back to the point which has been made by Miss Irvine this afternoon and by Professor Spence this morning—the importance of the feeling of the client, a factor which is just as important as the background diagnostic situation which the social worker, like the doctor, the nurse and the teacher, has got to be able to understand, and which they will only understand on the basis of a thorough theoretic training. To understand the feelings of the client is just as important and is a thing which cannot, I believe, be taught as an academic exercise, and ability to do this cannot be discovered or assessed by examination.

Yet it is only when the client is convinced and satisfied that the social worker understands his feelings, that he can begin to respond constructively to the help which the social worker can offer in clarifying the issues which have to be decided. That process cannot begin until the client is satisfied that there is this element of understanding—not the understanding of the separate and synthesised diagnostic features, but an understanding of the client's feelings.

I think it is equally important, as Miss Irvine said, that social workers should begin to understand one another, and we shall never have a satisfactory system of social administration on a wide scale, or effective social work, as far as particular individuals are concerned, until social workers and social administrators have a very much better understanding of one another, an understanding of their relationship in terms of the client rather than in terms of neat administrative divisions and functions.

Now, how is this training to come? I do not believe it comes from the academic teachers in the university, nor does it come from the hardened social administrator with ten, fifteen, twenty, or thirty years' work on the job. It comes from teachers, social workers and administrators who are continuing to ask themselves the answer to these devastating problems connected with their relationships with, and understanding of, individuals. And it is of the greatest importance for us to realise that it is only as we are attempting to find answers to these difficult problems ourselves, and to risk making mistakes, that we shall be able to transmit to students any small amount of skill we may have in this field of understanding individuals. We shall have no living experience to transmit unless we are prepared to risk our names, our reputation, our standing, in taking day-to-day decisions based on efforts to understand individuals.

It is our attitude to the acceptance, or the shirking, of this responsibility to understand other people's feelings that shapes the mind, spirit and understanding of our pupils, and our duty in this respect is not confined to our formal teaching and training functions. Our pupils know by instinct whether or not our teaching is rooted in a vital and continual experience of the practice of human relations.

There is one other point which we teachers and trainers have to remember—and that is that the people we are trying to train are for the most part in their twenties; they will not, as a rule, show whether they have learned anything fundamental until they are mature workers in their thirties, with several years of practical experience behind them. We shall very rarely see the results of our training in our pupils while they are still our pupils. We have got to have immense courage and immense faith to realise that what we do may only bear fruit in ten, fifteen, or twenty years' time.

Mr. J. H. Wallis (Hon. Secretary, Windsor Mental Health Association): I am just going to say a few words from the point of view of parents. I am myself a practising post-war parent, that is say, part of the material or clientèle of the social worker. As Miss Irvine hinted (and of which she gave an example at the beginning of her paper), there is among parents a certain amount of, at best, suspicion—at worst, resentment and hostility towards the help that the social worker offers. Nowadays parents are apt to feel that they should be seen and not heard, and that they are responsible for all the human failures. (We are told so often that we are). Well, we comfort ourselves that, since all people are born of parents, we are also responsible for human successes.

But there is a more serious reason for the attitude that we parents sometimes adopt to social workers, and that is the divorce between the consideration of the individual and the conditions in which that individual lives. We have heard this afternoon about consideration for the feelings of the client. I ask for understanding of the conditions of family life today.

The parent's idea (before it happens) of a social worker's visit is, I think, something like this. It is half-past nine on a Monday morning. Mother has the baby yelling for a feed, a two-year-old skidding about the floor making for the flour-bin, a bowl of nappies about to boil over, the potatoes not yet peeled, and so forth. There is a smart rap at the door, and in comes a neat, trim, precise, helpful social worker, back from a week-end. Now, ladies and gentlemen, present-day parents don't have week-ends. The week-end is the hardest part of the week, because all the children are at home and so is the old man! If the social worker will come down quickly to sink level, then we can get somewhere. I mean this in all seriousness—the social worker's attitude to her clients is all-important. It is not only, I suggest, a question of understanding fathers and mothers as people, but trying to see what their life is like now. It is not the same as it was before the war. What can be done about it? I would like to suggest one thing: it seems to me that there is a large section of the population who could be brought into this work successfully: I mean what I can only call post-graduate mothers, that is, mothers whose children are now getting off their hands.

If this profession could see the way to open its doors to these people, to give them training at suitable times (mostly in the evenings) and if their work can be paid, not just voluntary work, then I think we can make some headway and bring into social work recruits who have a very real contribution to make. This section of the community has got a certain wisdom: they know, when they come into a kitchen, what is what. They can talk the same language as the harassed mother.

I would like to end there, in the hope, perhaps a vain, perhaps an optimistic hope, that one University—possibly Manchester?—will open its doors to a course of this kind.

Mrs. H. Orgler (Psychologist; author of "Alfred Adler, The Man and his Work") said that for the understanding of the individual, it was useful to apply a method which was easily understood by everybody and acceptable to doctors and teachers as well as to nurses and social workers. In her twenty years' practical experience, she had found Alfred Adler's "Individual Psychology" to be such a method. Experience of life in childhood created an opinion, and the individual moulded his or her behaviour to that opinion. Hostile aggression was latent in every human being, and could be prevented if social interest was developed. Alfred Adler's teachings and philosophy were essentially an exposition of the healthy way of life, resting on the principle that no man lived or died unto himself but must use his talents for the good of his fellows. Mrs. Orgler recommended that his "Individual Psychology" should be included in the training of all those concerned with mental health, for, in these days of insecurity and antagonism, the greatest need was for a psychology which developed self-confidence, social interest and the spirit of co-operation.

Dr. A. F. Mary Christie (Hampshire County Child Guidance Services) urged that, essentially from a child guidance point of view, there was real need for administrators and hospitals to appoint suitable and experienced nurses to work in the children's wards in fever hospitals, and wherever arrangements are made for the removal of tonsils and adenoids under the School Health Service. Some of her most serious cases had come from a complete lack of understanding on the part of the nurses of what insecurity and separation-anxiety involved. If they could have some training in that respect it would prevent a great deal of trouble.

Another case, in which a little training would mean so much, was that of the health visitor in the Infant Welfare Centre. Mental health specialists could not be provided for all the centres, but if real training were given to all the health visitors, a large number of the cases of hostility and difficulty which came to the child guidance clinics would be prevented.

With regard to the social worker coming down to the level of the mother, that was essential. All those who are administrators and are dealing with child guidance clinics should realise that it was far easier to see the mother in the clinic, and that involved a new concept of the kind of premises which were needed. The old school clinic was unsuitable, for the social worker should be able to have a real talk with the mother in a restful, sound-proof room.

Dr. V. C. Medvei expressed his gratitude to Professor Spence for his emphasis on the three diagnoses which every doctor had to make—(1) of the disease from which the patient was suffering, (2) of the patient's concept of his disease, which embodied his own fears, and (3) of the patient's capacity to take advice and to make use of it. It was encouraging to hear that that attitude existed now.

Some months ago a suggestion had appeared in the *Lancet* that, in the case of appointments to the clinical staff of a teaching hospital, the short list of candidates should be invited to hold an out-patient clinic in the presence of members of the Selection Committee in order to ascertain that they were really able to combine the two basic qualities of a doctor and a teacher. Dr. Medvei urged that that suggestion should be seriously considered.

Miss M. B. H. Whyte (Department of Mental Health, University of Aberdeen) gave a brief account of what her University was trying to do with regard to the teaching of medical students, with particular reference to training them to regard the patient first of all as a person.

This work was done, in part, by the Department of Mental Health, and a psychiatric social worker was permitted to participate in it. The students had two theoretical courses, one in their second and one, more advanced, in their fourth year. In their fifth year, they had an intensive and very intimate piece of teaching for which they were grouped in approximately twelves. They attended in these groups for a fortnight on end, each morning but one per week. Each fortnight opened with a talk on the nature and purpose of this intensive course, and questions were invited. A morning in the wards followed in which patients were interviewed by pairs of students, special emphasis being laid on the discovery of possible social and environmental factors in the illness and significant psychological problems in the patient or his home. The psychiatric social worker's function was to introduce the students to the field of psychiatric social work, with a view to trying to impart something of the attitude of the psychiatric social worker to people. The students then visited, if they wished, the home of the patient interviewed in the ward to make a first-hand study of the background, or some other appropriate case might be allocated by the social worker. A week later, reports on these visits were produced, spoken to, and fully discussed, in group, with the psychiatric social worker.

That scheme had been tried for three years and was about to enter his fourth. The reactions of the students, as groups and as individuals, had been carefully observed by all members of the Department staff taking part in this teaching, and had varied from great enthusiasm, curiosity, suspicion, and apathy to extreme resistance. This was so interesting that it was decided to finish each fortnight with a personal interview of each student by a team of three—psychiatrist, psychologist, and psychiatric social worker—on the lines of a *viva*. It was clear from this that Medicine recruits many excellent, enthusiastic young people, together with a number whose " make-up " gives cause for anxiety.

That brought one to the question of selection of medical students, and the University of Aberdeen had in hand a project in that connection.

One of the reactions in the first year of the scheme was that many students said, " We have never talked to our teachers as we are talking to you. We never liked to ask questions," and it seemed that the opportunity for formal discussion was much appreciated. Another reaction was that in most instances they had been delighted to pay a home visit. It had been found that by their fifth year, this was the first occasion on which they had entered a patient's home, and they had great scruples about it. The whole technique of visiting had to be discussed with considerable care. Some were quite confident about this, but others showed great diffidence, and it was among the latter that some of the best people in the course were to be found.

Miss Isabel M. Laird (Organising Secretary, Scottish Association for Mental Hygiene) said that, as one who believed in the immense value of the teaching profession for the mental health of the rising generation, and also indirectly of their parents, she wished to draw attention to a few points concerned with teachers.

She would like to see more appreciation of the ordinary standard of a student in training for teaching. If 100,000 teachers were going to be needed, it was no good planning a training course and drawing up expectations for the top 2% of that 100,000. Training courses should be planned within the capacity of the middle two-thirds, with additional training for those ready to specialise and worth specialist training later on.

Secondly, more attention should be given to the teacher in her first year out of Training College—a very vital time in her professional life.

Thirdly, Miss Laird directed a plea to the general public and to the press that they should not use disparaging remarks about teachers in the presence of young children, which was bad from a psychological point of view. She would like to see a real campaign in ordinary conversation of appreciation of the tremendous work done by the ordinary teacher.

Lastly, Miss Laird urged that at conferences such as this, practising primary school teachers should be present as picked delegates. Until mental health work took full cognisance of the acting primary school teacher in her own right, that work was proceeding with the brakes on. Ex-teachers could not always speak truly for the practising primary school teacher, for many had left the profession just because they were not, in some way or other, typical of the latter. It was a mistake to feel that administrators, doctors, psychologists and others, who had at one time been teachers, were therefore competent for the rest of their professional lives to speak on behalf of practising teachers.

The Chairman asked leave to intervene that he might strongly support Miss Laird's plea, that the primary school teacher should be brought more fully into co-operation with mental health work.

Dr. P. A. Galpin (Tuberculosis Officer, West Ham) emphasised Professor Spence's observations regarding the need of a treble diagnosis by the doctor, and also associated himself with Professor Stanley in support of the need to develop the " us together " feeling. He had discovered that, as a doctor, he had also to be a teacher, and he had learned the importance of the treble diagnosis already described. The patient must be trained to face the situation, " us together ", because health, like education, did not depend upon the teacher or the doctor alone. Should the patient be encouraged to forget his illness, or to face up to it? Here the family situation was of profound significance, because, if the patient himself was trying to forget his illness, so likewise were his most intimate relatives and his own family. Another psychological aspect had also to be considered in tuberculosis cases—the attitude of the patient to his own symptoms. The Tuberculosis Officer must not only know what the diagnosis was, but must understand the attitude of the patient to his own illness, and also the family background. He could not do that alone, and here was where the Health Visitor played her part. West Ham was shortly to have the services of a psychiatric social worker, and Dr. Galpin was awaiting her arrival with great interest, for he had formed the opinion that some of his patients relapsed because of the emotional situation in their own homes. Conditions of overcrowding played their part in these situations. Patients complained of the resentment of other tenants. The fear of tuberculosis was not only in the heart of the patient but was also felt by the family and the neighbours, and this fear had to be turned into right action to avoid that frustration of medical treatment which one met with so frequently.

Alderman E. A. Cookson (Chairman, Liverpool Special Schools Committee) said that doctors from the School Health Department had to decide which children were suitable for education in special schools. Certainly in the case of educationally sub-normal children, the importance of children receiving individual attention was great because such children needed much more personal attention than the ordinary child, and it was very desirable that the staff selected for the special schools should give particular attention to each individual child.

Since the coming into force of the new Education Act, and the abolition of the stigma of mental defectiveness, it is now possible to admit to these special schools children who, though not of limited intelligence, are nevertheless very backward. In some of the Liverpool schools the head teacher takes a class of such children herself, with excellent results, and several of these children had actually been able to return to their ordinary schools after such special tuition. If these children had not been sent to a special school, they might almost certainly have left school uneducated or illiterate.

On the question of psychiatry, Alderman Cookson referred to a most interesting book by Dr. William C. Menninger and Dr. Munro Leaf, written for lay people. In this book it was stated that there were probably more quacks and charlatans prepared to help people in imaginary illness than in any other field of health, and the author added : " Beware of those who advertise as psychotherapists or psychoanalysts in newspapers or put a sign up on the office door." That was an important warning. They further stated that one of the greatest misconceptions was that a person suffering from mental disease could never recover, since in their experience the bulk of cases treated by a good psychiatrist did recover, and did not become subsequently a burden either to themselves, their families or the community.

Mrs. Iris Brook, S.R.N., S.C.M. (Confederation of Health Services Employees) stressed four points :—

(1) Under present legislation there was ample scope for carrying out research, and it was up to those people who were in charge of mental health and research to get as much money as they could for that important work.

(2) Mrs. Brook reminded delegates, particularly those who were members of major local authorities, that many of the major local authorities had failed to appropriate any of the hospitals from Poor Law control prior to July 5 of this year, but they were now to be given a second chance. It was hoped that those members of local authorities responsible for the after-care of mentally-ill people would carry out that important function as efficiently and with as much humanity as possible.

(3) Regarding nurse-education, great care must be taken that the new legislation did not adversely affect the status of the mental nurse. Mental nursing was unquestionably a specialised branch of nursing, and not an off-shoot of general nursing, and the status of the mental health nurse must be maintained or improved.

(4) As to family life, Mrs. Brook herself had four children and was the wife of a busy medical practitioner. She considered that if complete family life were desired, the conditions to make it possible must be created ; there must be full and continued employment, modern houses, and leisure time for the mother, to enable her to get out of the home occasionally. A mother was more interesting and exciting to her children if she could come home at night after having

attended a conference such as this, than if she stayed at home and became completely frustrated. It was to be hoped that many of the men who spoke of sending the woman back to the home would think again, so that there might be that proper balance of the mother in the home and the mother taking her part as a citizen.

Mr. W. F. Lowe (Napsbury and Shenley Mental Hospitals (Group 12)) said he was a male nurse in a mental hospital, and had become a member of a hospital management group for the first time this year. Whilst fully in agreement with the need for nurses and others to understand the individual, he would submit that the severe shortage of nurses in mental hospitals prevented this being done to any sufficient extent. Shenley Mental Hospital was the most modern mental hospital in the whole of the London area, with every amenity, and with democratic principles regarding conditions of service, but it was still short of nurses, and the nurses there were greatly overworked. Further, until rates of pay and conditions were improved, more nurses would not be obtained. With a five-day week in industry, and a seven-day week in nursing, it would be found that people went into industry instead of becoming nurses. The recent march of student-nurses in Hyde Park had resulted in equal pay for equal work for the first time in the nursing profession. But, as a result of the students' allowances, the anomalous position had arisen that trained nurses were getting fourpence a week only more than the student-nurses; and nurses were still waiting for the recently-set-up Whitley machinery to do some more work. The desired study of the individual in hospitals could not be achieved until there were the nurses to do it, and it was up to those on Management Committees and Ministry of Health officials to set the conditions right.

Mr. C. J. Taylor (Norfolk County Council) remarked that throughout Miss Irvine's talk reference had been almost entirely to the woman social worker. He asked the conference to bear in mind that there were also male social workers. The male social worker could play a very important part in the after-care of mental patients. The returned man who had the responsibility of caring for his family was a very great problem, and there were occasions when a man could play a most useful part in helping another man on the road to rehabilitation and resettlement. Here was a field for male as well as female social workers.

Mr. Taylor referred to a point which had been made by Miss Brown during Thursday's sessions in regard to psychiatric social workers not particularly wishing to act as duly authorised officers. There was a danger, if we were not very careful, that the duly authorised officers of the country, many of whom were male, would be left to deal merely with the removal of mental patients and nothing else; it was not likely that one could recruit a very high standard of person if his activities were to be restricted to this. It was necessary to look to the recruitment of a much better class of social worker, both male and female, who would act as a team, side by side, in the removal of male and female patients, in their after-care, and in social welfare work. Further, serious consideration must be given to the type of training provided for the authorised officer. If the authorised officer was to play the wider part which was necessary, there would have to be some kind of training and some kind of diploma or certificate to which the young entrant could aspire. The new Service had started with a great many of the old officers, but the junior people coming up had to have some background.

The Chairman: Ladies and Gentlemen, we are coming to the end of a two days' programme which has been full of interest. I think perhaps it is worth spending a few minutes before we separate just to ask ourselves what this conference means, what we can take away from it.

It has been a Conference on Mental Health, and all of us who have been concerned with this field realise what a wealth of meaning we are able to put into that simple phrase, and what it can mean in terms of human happiness and well-being.

But this Conference has met under the auspices of the National Association for Mental Health—a *National* Association—and therefore it can mean no less than this: that our concern is to give content and meaning to mental health in the future life of our people in this country, and that we are working in many different ways to bring about a country of happy people, happy in their work, happy in their play, happy in all their human relations.

The Conference has brought together people from different professions—people who, in different ways, possess high skill and are masters of difficult techniques. It is perhaps rather a remarkable thing that people from such a variety of professions, and approaching this problem from so many different angles, should have come here to demonstrate the importance which they attach to the understanding of the individual as a central problem in which all our techniques meet.

As I have listened to the discussions, I have found one little criticism I might be inclined to make: I wonder whether it has been sufficiently brought out and made clear, that the understanding of the individual implies a kind of knowledge that is different from the knowledge which is the basis of our separate techniques? It might have been possible to misinterpret some of the things that have been said to us. We might have misinterpreted Professor Spence, for example, by supposing that what he said was that when the doctor is interviewing his patient he must not only have the technique which comes of medical training and medical experience, but must also, in some sense, be a practical psychologist; that he must have an understanding of his patient from that point of view. I think that would be a quite inadequate meaning to give to what Professor Spence and others have urged upon us in this Conference. The kind of knowing that goes to the building up of our professional techniques is a knowing from the outside, in which we see that one thing is rather like, or different from, another thing, so that we can classify them and recognise resemblances. It is out of that kind of knowledge that all our techniques, and indeed the whole of scientific knowledge, is built up. But most of us have come to realise that that kind of knowledge is not, and never can be, sufficient for all the purposes of life. There is a much more intimate kind of knowledge—the kind of knowledge by which we know beautiful things—the kind of knowledge which is not merely recognising resemblances but somehow entering into the thing itself — the kind of knowledge that we feel the need of most of all when we have to deal with other human persons.

Then it is not an external scientific knowledge which is enough. We must in some way enter into the very experience of that person and share it with him or her. That is the kind of understanding of the individual that I am sure the medical profession is striving after. It is the kind of understanding that we on the educational side are always trying to gain of our pupils. It is the kind of understanding that we need most for the whole field of mental health. It is something that cannot be accomplished without the expenditure of time. But, in so far as in all this work we are able to attain to that kind of knowledge and understanding, then I think we shall be contributing towards the richness of our own work, and we shall be contributing also towards the aims of the National Association for Mental Health.

Dr. Doris Odlum (Vice-President, National Association for Mental Health; U.K. Member of Executive Board, World Federation for Mental Health): By permission of the Chairman, I would like to say a few words on the subject of the

World Federation for Mental Health, about which Dr. Rees, the President, spoke to you yesterday.

Many of you were at the Congress in August last year which preceded the formation of that new organisation. You may not realise, however, that all of you who are members of the National Association for Mental Health have become automatically members of the World Federation, because our Association is one of the founder national affiliated bodies, and, therefore, we pay an overall subscription which is partially met by the subscriptions which you pay to us. So yon now have the privilege—and I hope you will feel it as such—of belonging not only to a national body, but to a world organisation. Those of you who are members of the National Association will realise what an added influence membership of the World Federation will give you, and I hope that many who are not yet members will join so that they, too, may play their part in this great field of world mental health.

Lord Feversham (Chairman of Council, National Association for Mental Health) : I would like to express on behalf of the National Association, and I feel sure also on behalf of this Conference, our very great appreciation to those who have presided, Professor Shimmin and Dr. Jeffery, and to the speakers during our four sessions.

I am sure you will agree with me that at this Conference we have enjoyed not only first-class papers, but also some most valuable discussion, and I should like to include my appreciation of those delegates who have contributed so valuably to aspects of our work. You have had a discussion upon the failure of the National Association to continue, as at present, the After-Care Scheme. I would like the Conference to be aware that we have gone to very considerable care to make representations as strongly as possible to the Board of Control and to the Ministry of Health, that the scheme, which was launched in the war and has continued in the post-war era with, I think, a great measure of success, should be continued: that at this stage it is very important that the cases under care should not be neglected.

This brings me to a matter to which I feel it is important to make reference, and that is our financial position. The National Association during the current year is expending no less than £120,000 in the various branches of work that come within its terms of reference. I believe that one of the results of our deliberations yesterday and today will have been to have clearly shown that, as a primary aim, we wish to see normal, balanced people appreciate the necessity of maintaining mental health, and of ensuring a greater degree of mental stability amongst those with whom they live and amongst those with whom they work. Therefore, if, as a long-term measure, this Association is to grow and to be the body which fulfils a national duty and obligation, it is essential that those most closely concerned with aspects of mental health should do all they can to increase our membership of the National Association and thereby our financial resources. And so I would take this occasion to appeal to you to spread knowledge of our work, and where possible to create branches, active, and with full membership, in order that those matters about which we have been deliberating can be more widely known by a larger public.

I would end, Ladies and Gentlemen, by again expressing to all our speakers, and also to Professor Shimmin and to Dr. Jeffery, our very great gratitude for the way in which they have rallied to the cause of the National Association by coming to this Conference. I should like to express also my great appreciation personally to those delegates who have been able to come to London to attend these sessions, and to show such keenness and enthusiasm as the numbers have proved during yesterday and today.

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